

Additional Application Form

Please complete and return **this form** if you wish to make an additional investment into an existing fund. We will process your application on receipt of funds. For new investors or investments into a new fund please use the relevant fund Application Form available at ellerstoncapital.com.

Please return completed form to:
 Ellerston Capital Limited Unit Registry
 C/O Automic Group
 GPO Box 5193, Sydney NSW 2001
 Telephone: 1300 101 595
 International: +61 2 9068 1928
 Email: ellerstonfunds@automicgroup.com.au

Investor Details

Holder number

Registered investor name(s)

Telephone number (business hours)

A. Fund selection

Please include the Australian dollar amount you wish to invest in the table below.

Retail Funds	APIR Code	Fund code	Investment amount (\$AUD)
Ellerston Asia Growth Fund (Hedge Fund) ¹	ECL1411AU	EAFZ	
Ellerston Australian Absolute Return Fund ¹	ECL0013AU	EAARF	
Ellerston Australian Emerging Leaders Fund ¹	ECL6748AU	EAELF	
Ellerston Australian Micro Cap Fund – Class A ¹	ECL0984AU	EAMCF	
Ellerston Australian Share Fund ¹	ECL0005AU	EASF	
Ellerston Equity Income KIS Fund ¹	ECL7259AU	EKISF	
Ellerston Global Equity Managers Fund – Class C ³	ECL0006AU	GEMC	
Ellerston Global Mid Small Cap Fund – Class A ¹	ECL8388AU	EGMSCF	
Ellerston India Fund ¹	ECL0339AU	EIF	
Ellerston Micro Cap Fund – Client Class ¹	ECL5380AU	EMCFC	
Wholesale Funds	APIR Code	Fund code	Investment amount (\$AUD)
Ellerston Overlay Australian Share Fund ²	ECL0012AU	EAOF	

¹Note: Minimum additional investment amount for the Fund is \$5,000.

²Note: Minimum additional investment amount for the Fund is \$10,000.

³Note: Minimum additional investment amount for the Fund is \$1,000.

Ellerston Capital Limited ABN 34 110 397 674 AFSL 283 000

For enquiries please call our Investor Relations team on +61 2 9021 7701 between 9am and 5pm Sydney time.

B. Additional application payment method

All payments are to be made in Australian dollars.

Electronic funds transfer

Please transfer funds, using your investor name as a reference, at the same time as you post your additional application to avoid delays. Make your payment to:

Fund Name	Bank Account Name	BSB	Bank Account Number	Fund Code
Retail Funds				
Ellerston Asia Growth Fund	Ellerston Asia Growth – App	036-051	565727	EAGF
Ellerston Australian Absolute Return Fund	Ellerston Aus Absolute Return - App	036-051	565639	EAARF
Ellerston Australian Emerging Leaders Fund	Ellerston Aus Emerging Leaders – App	036-051	565671	EAELF
Ellerston Australian Micro Cap Fund – Class A	Ellerston Aus Micro Cap – App	036-051	565698	EAMCF
Ellerston Australian Share Fund	Ellerston Aus Share A – App	036-051	565647	EASF
Ellerston Equity Income KIS Fund	Ellerston Equity Income KIS – App	036-051	565719	EKISF
Ellerston Global Equity Managers Fund – Class C	Ellerston GEMs C - App	036-051	565620	GEMC
Ellerston Global Mid Small Cap Fund - Class A	ITF Ellerston G Mid App	036-011	613894	EGMSCF
Ellerston India Fund	Ellerston India Fund – App	036-051	565735	EIF
Ellerston Micro Cap Fund – Client Class	Ellerston Micro Cap Client Class – App	036-051	565700	EMCF
Wholesale Funds				
Ellerston 2050 Fund	Ellerston 2050 Fund – App account	036-051	559108	E2050
Ellerston Overlay Australian Share Fund	Ellerston Overlay Aus Share – App	036-051	565663	EOASF

*Important: please use the following Reference: [Fund Code] [Investor Name] E.g. EAGF John Citizen. We will use this reference on our transaction statement to identify whom payments are from.

C. Investor Details

The following questions may assist Ellerston in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

Have you received personal financial advice from a licensed financial adviser in relation to this investment?

Yes

Did your financial adviser consider you to be within the Target Market Determination (TMD) for this financial product? Please consult your financial adviser prior to completing this application if you are not familiar with the TMD assessment process.

Yes – Please proceed to Section D – Declaration and signature

No – Please complete the below question

Please nominate the reason your financial adviser has recommended you proceed with this investment

Investment product is used a part of a diversified portfolio

Financial adviser assesses product as suitable for your objectives, financial situation and needs, despite TMD.

Financial adviser considers the risk of investment harm to be low

Other – please specify

No

What is your primary investment objective in relation to this investment?

- Capital Growth
- Capital Preservation
- Income Generation

What is your investment timeframe in relation to this investment?

- Less than 2 years i.e. Short term
- Between 2 years and 8 years i.e. Medium term
- More than 8 years i.e. Long term

Under normal circumstances, within what period do you expect to be able to access your funds for this investment?

- Within a week
- Within a month
- Within a quarter
- Within a year

In relation to this investment, which investment risk and return profile best describes you?

Low risk and return: You are looking for an investment that is low risk in nature e.g. you have the ability to tolerate up to 1 negative return over a 20-year period and you are comfortable with a low target return from this investment.

Medium risk and return: You are looking for an investment that is moderate or medium risk in nature, e.g. you have the ability to tolerate up to 4 negative returns over a 20-year period and you are comfortable with a moderate target return from this investment.

High risk and return: You are looking for an investment that is higher risk in nature e.g. you have the ability to tolerate up to 6 negative returns over a 20-year period in order to achieve a higher target return from this investment.

Very high risk and return: You are looking for an investment that is very high risk in nature e.g. you have the ability to tolerate 6 or more negative returns over a 20-year period as you are seeking to maximise returns and you can accept higher potential losses.

Extremely high risk and return: You are looking for an investment that is extremely high risk in nature which may have features such as significant use of derivatives, leverage or short positions or may be in emerging or niche asset classes. Seeking to obtain accelerated returns (potentially in a short timeframe) and can accept significant volatility and losses.

What percentage of your total investable assets are you directing to the Fund(s) – that is the total assets you have available for investment, excluding your residential home

- 75–100%
- 50–75%
- 25–50%
- 10–25%
- Up to 10%

D. Declaration and signature

By signing this form, I/we:

- declare that I/we have read and understood and agree to be bound by the terms and conditions of the current PDS, Additional Information Booklet, Information Memorandum and Application Form for the relevant Fund(s);
- declare that all details previously disclosed and provided in this Additional Application Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (if signing under a power of attorney) declare that I/we have not received notice of revocation of that power;
- authorise Ellerston Capital Limited (Ellerston) to act upon instructions by post or facsimile (as applicable) with regard to the units in Fund(s) subscribed for (and any further units acquired) or any matter in connection with them or any of them without liability in respect of any transfer, payment or any other act done in accordance with such instructions and notwithstanding the same was not signed or sent by me/us. I/We agree that this authorisation shall remain in force until notice in writing of its termination is received by Ellerston;
- acknowledge that investments in the Fund(s) are subject to investment risk, including possible delays in repayment and loss of income or principal invested;
- acknowledge all personal information is collected in line with Ellerston's Privacy Statement, a copy of which is available at www.ellerstoncapital.com;
- acknowledge that, where they have executed this document using a signature applied electronically, or where they provide a scanned or other digital copy of a signed version of this document to Ellerston, the decision on whether to accept the electronically signed or digital copy of the document is at Ellerston's absolute discretion. Where such a document is accepted by Ellerston, the investor agrees that Ellerston will be entitled to assume (without making any further enquiries) that they have applied (or have authorised the application of) all signatures, and that any digital copy is a true copy of an original document, and to act on the document as if it had been signed by the them, and they agree to release, discharge and indemnify Ellerston, and any other related or associated entities of Ellerston, from and against any and all actions, proceedings, accounts, claims, costs, demands, charges and expenses, losses and liabilities, however arising as a result of the above.

Investor type	Who should sign
Individual	where the investment is in one name, the investor must sign.
Joint investors	where the investment is in more than one name, all investors must sign or unless otherwise authorised.
Company	two directors or a director and a company secretary, unless you are a sole director and sole company secretary or an authorised signatory previously noted by the registry.
Trust	each trustee must sign unless otherwise authorised or, if a corporate trustee, then as for a company.
Partnership	each partner.
Association or Registered co-operative	each office bearer.
Government body	relevant principal officer/authorised signatory.
Power of attorney	if signed under a power of attorney, the power of attorney must have been previously noted by the registry.

Signature 1

Signature 2

Name

Name

Date

Date

Title

Title

Investor 1 (individual)

Secretary

Investor 1 (individual)

Secretary

Sole director & secretary

Non-corporate trustee

Sole director & secretary

Non-corporate trustee

Partner

Director

Partner

Director

Other office bearer or attorney (please specify):

Other office bearer or attorney (please specify):

Once completed, please send this form to:

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 C/O Automic Group
 GPO Box 5193, Sydney NSW 2001
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