

# ADDITIONAL APPLICATION FORM

## (Use this form if you are an existing investor)

Please complete and send to:

Apex Fund Services  
Unit Registry  
GPO Box 4968  
Sydney NSW 2001

Email: registry@apexgroup.com

Please read the Product Disclosure Statement (PDS) and where appropriate, the 'Additional Information to the Product Disclosure Statement' (which forms part of the PDS) before applying for units in a Fund. An incomplete Application Form will not be accepted.

Name of related staff member

### 1. Investor details

Investor number

Investor name

### 2. Additional investment details

Please indicate:

	Initial/Additional amount	Monthly investment
Munro Climate Change Leaders Fund Class S units	\$ <input type="text"/>	\$ <input type="text"/>
Munro Concentrated Global Growth Fund Class S units	\$ <input type="text"/>	\$ <input type="text"/>
Munro Global Growth Fund Class S units	\$ <input type="text"/>	\$ <input type="text"/>
Munro Global Growth Small & Mid Cap Fund Class S units	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

### 3. Payment details

**Please specify your preferred payment method**

Pay by electronic funds transfer (EFT)  
 If paying by EFT **please indicate your name (or part there of) in the EFT description** and deposit application monies to the following account:

**Legal entity name:** GSFM Responsible Entity Services Limited  
**Bank:** National Australia Bank

Account name	BSB	Account number
Munro Climate Change Leaders Fund Application Account	082-401	320-140-096
Munro Concentrated Global Growth Fund Application Account	082-401	540-437-051
Munro Global Growth Fund Application Account	082-057	98-412-1189
Munro Global Growth Small & Mid Cap Fund Application Account	082-401	90-601-5081

Australian Standard Transfer Form  
 An Australian Standard Transfer form is to be completed and signed by the authorised signatories of both the transferor and the transferee, duly stamped and attached.

Pay by BPAY  
 Please refer to the Biller Code & CRN on your welcome letter. If you require this information, please contact Apex Fund Services on registry@apexgroup.com or 1300 133 451.

Pay by Direct Debit  
 Please deduct the initial investment amount from my nominated bank account. I understand that units will not be issued until direct debited funds have been cleared by my bank, which can take up to three business days.

**If this is your first request for a direct debit you must also complete the Direct Debit Request Form on page 3.**

### 4. Declaration and signature

This form must be signed as per the current signing instructions we have on record.

I/We declare and agree that I/we have received and read the PDS for the relevant Fund in force as at the date signed below and the 'Additional Information to the Product Disclosure Statement' (which forms part of the PDS) and agree to be bound by the provisions of the PDS and the constitution (as amended from time to time) governing the relevant Fund.

If signed under Power of Attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. If not previously provided, please mail a certified copy of the power of attorney.

Name

Signature  Date   /   /

Name

Signature  Date   /   /

# DIRECT DEBIT REQUEST



**Apex Fund Services Pty Ltd**  
 (ACN 118 902 891)  
 Level 10, 12 Shelley Street  
 Sydney NSW 2000  
 Phone: 02 9247 3326

Request and Authority to debit the account named below to pay

## Apex Fund Services Pty Ltd

**Request and Authority to debit**

Your Surname or company name

Your Given names or ABN/ARBN

 "you"

request and authorise **Apex Fund Services Pty Ltd (Apex)** to arrange, through its own financial institution, a debit to *your* nominated account any amount **Apex** has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution *you* have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution at which account is held**

Financial institution name

Address



**Insert details of account to be debited**

Name/s on account

BSB number (must be 6 digits)

Account number

**Acknowledgement**

By **signing** and/or providing us with a **valid instruction** in respect to *your* Direct Debit Request, *you* have understood and agreed to the terms and conditions governing the debit arrangements between *you* and **Apex** as set out in this Request and in *your* Direct Debit Request Service Agreement.

**Payment details**

The maximum amount to be debited at any one time is:

\$

Amount in words

**or**

The first debit may be made on , ,  and at

weekly / fortnightly / monthly / quarterly / half yearly / intervals after that

**Insert your signature and address**

Signature

Date

, , 

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address