

> Application Form – Existing Investors

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.

1. Investor details

Investor number

Investor name

2. Additional investment details

Please indicate:

	APIR Code	Initial amount	Monthly investment
Cambridge Global Smaller Companies Fund	GSF4799AU	\$ <input type="text"/>	\$ <input type="text"/>
Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund	GSF0001AU	\$ <input type="text"/>	\$ <input type="text"/>
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund	GSF0002AU	\$ <input type="text"/>	\$ <input type="text"/>
Munro Global Growth Fund – Ordinary Class	MUA0002AU	\$ <input type="text"/>	\$ <input type="text"/>
Payden Global Income Opportunities Fund	GSF0008AU	\$ <input type="text"/>	\$ <input type="text"/>
Triple3 Volatility Advantage Fund – Class A	GSF0009AU	\$ <input type="text"/>	\$ <input type="text"/>
Total		\$ <input type="text"/>	\$ <input type="text"/>

3. Payment details

Please specify your preferred payment method

Pay by cheque
If paying by cheque, make it payable to: 'GSFS App A/C – Name of applicant' and crossed 'Not Negotiable'

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

Legal entity name: Grant Samuel Fund Services Limited

Bank: National Australia Bank

Account name	BSB	Account number
Cambridge Global Smaller Companies Fund Application Account	082-057	23-558-5867
Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund Application Account	082-057	92-937-4247
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund Application Account	082-057	92-938-4170
Munro Global Growth Fund Application Account	082-057	98-412-1189
Payden Global Income Opportunities Fund Application Account	082-057	92-940-1006
Triple3 Volatility Advantage Fund – Class A Application Account	082-057	92-941-4237

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 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 / /

The completed form can be sent to:

Mail
Unit Registry
Mainstream
GPO Box 4968
Sydney NSW 2001

Fax
(02) 9251 3525

Email
registry@mainstreamgroup.com



Mainstream Fund Services Pty Ltd
(ACN 118 902 891)
Level 1, 51-57 Pitt Street
Sydney NSW 2000
Phone: 02 9247 3326

Direct Debit Request

Request and Authority to debit the account named below to pay
Mainstream Fund Services Pty Ltd

Request and Authority to debit

Your Surname or company name

Your Given names or ABN/ARBN

 "you"

request and authorise **Mainstream Fund Services Pty Ltd (Mainstream)** to arrange, through its own financial institution, a debit to *your* nominated account any amount **Mainstream** 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 **Mainstream** 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

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