

Bell Global Equities Fund - Wholesale Units

Additional Investment Form



Please complete this form in blue or black ink, using BLOCK letters and send completed Additional Investment Form to:

NAS Registry Services
National Australia Bank
PO Box 1406
MELBOURNE VIC 3001

SECTION A: INVESTOR DETAILS

Important: The minimum additional investment amount is \$10,000

Investor Number Investor name

SECTION B: ADDITIONAL INVESTMENT DETAILS

Dollar amount of additional investment \$

How will this investment be made?

Cheque - Make payable to NNL - Bell Asset Management Application Account and complete the cheque details below:

Cheque Number
Branch number (BSB) - Account number
Cheque Drawer

Direct Credit - Payments by direct credit transfer to the Custodian's Bank Account

Bank: National Australia Bank

BSB: 083 043

Account No: 85 474 5241 <Applicant Name>

Account name: NNL - Bell Asset Management App Acc.

SECTION C: WHOLESALE INVESTOR STATUS

Investment in the Fund is restricted to wholesale investors. Please tick the appropriate box and provide the requested evidence.

- I am investing \$500,000 or more in the Fund
- I am currently certified by an accountant as a wholesale investor (provide a copy of the current accountant's certification - i.e. no less than 2 years old)
- I am a professional investor (e.g. an Australian Financial Services Licensee: an APRA regulated body; or control \$10m or more in assets) (provide evidence of meeting one of these requirements)

SECTION D: SIGNATORIES

This form must be signed by all authorities signatories (e.g. for a joint account, both signatories must sign a form).

Where signing under Power of Attorney, the Attorney confirms that no notice or revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

I/We declare that:

I/We have read and understood the current Bell Global Equities Fund Wholesale Product Disclosure Statement and any related incorporated material to which this form applies and I/we agree to the terms contained in them and to be bound by the provisions of the current PDS, Additional Information and Constitution(s), each as amended from time to time.

Name Date

Signature

Individual Partner Director Company Secretary Sole Director Trustee Executor Power of Attorney

Name Date

Signature

Individual Partner Director Company Secretary Sole Director Trustee Executor Power of Attorney