

ADDITIONAL INVESTMENT FORM



NOTE: This form **can not** to be used for an initial investment application, including existing Spheria investors who want to invest in a different Spheria fund. Please complete the Application Form and if applicable, include existing account number in section 1 of the Application Form.

Please note additional investment requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day, requests received after 12:00pm Sydney time are deemed to be received the next business day.

Investor Details			
Client account number _____			
Investor name _____			
(For Funds/Trusts) Trustee name _____			
Fund Information			
Please accept this additional investment request with respect to my/our investment in the below Fund(s):			
Fund Name	APIR Code	ISIN	Amount in \$
Spheria Australian Microcap Fund	WHT0066AU	AU60WHT00667	
Spheria Australian Smaller Companies Fund	WHT0008AU	AU60WHT00089	
Spheria Opportunities Fund	WHT0025AU	AU60WHT00253	
Spheria Global Microcap Fund	N/A	N/A	
Minimum additional investment is \$5,000 per Fund, or as agreed with the Responsible Entity.			
Payment Details			
Payment Method:			
<ul style="list-style-type: none"> ▪ Electronic Funds Transfer, or ▪ Cheque 			
Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT'):			
EFT:			
Currency	AUD		
Country	Australia		
Payee	RBCIS Spheria [Investor Name]		
BSB:	012-003		
Account Number:	836 829 716		
Deposit reference for EFT:	Please quote your deposit reference number		
Cheque: Cheques should be crossed "Not Negotiable" and made payable to: RBCIS Spheria [Investor Name]			
Please note that you will incur a fee if your cheque is dishonoured.			

Authorisation

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Post:

[Fund Name]

C/- RBC Investor Services Trust – Registry
Operations

GPO Box 4471

SYDNEY NSW 2001

Fax:

[Fund Name]

C/- RBC Investor Services Trust – Registry
Operations

+612 8262 5492