

Additional Investment Form

Note: This form can not to be used for an initial investment application, including existing investors who want to invest in a different Plato 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			
Account number _____			
Account name _____			
Fund Information			
Please accept this additional investment with respect to my/our investment in the below Fund(s):			
Fund Name	APIR Code	ARSN	Amount in \$
Plato Australian Shares Income Fund – Class A	WHT0039AU	152 590 157	
Plato Global Market Neutral Fund – Class A	WHT8391AU	629 617 607	
Plato Global Shares Income Fund (Class A units)	WHT0061AU	608 130 838	
Minimum additional investments is \$5,000 or as agreed with the Responsible Entity for all Funds, except for the Plato Australian Shares Core Fund.			
Minimum additional investments \$10,000 or as agreed with the Responsible Entity for the Plato Australian Shares Core Fund.			
Payment Details			
Payment Method: <input type="checkbox"/> Electronic Funds Transfer, or <input type="checkbox"/> 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 Plato [Investor Name]		
BSB:	012-003		
Account Number:	836 345 623		
Deposit reference for EFT: Please quote your deposit reference number			

Cheque:

Cheques should be crossed "Not Negotiable" and made payable to: RBCIS Plato [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 of the Fund 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