

ADDITIONAL APPLICATION FORM QVG Long Short Fund This form should be used by existing unit holders provided your details have not changed.					
Investor Number					
Investor Name					
AMOUNT OF ADD	ITIONAL INVESTME	NT			
Please indicate how much you wish to invest		\$AUD			
	m initial investment amou changes. Only net amou		he minimum additional inve	stment amount is !	\$50,000.00. Please make
PAYMENT DETAILS					
☐ Electronic Funds Transfer (EFT) to:		Bank: BSB: Account Number: Account Name:	ANZ 012-006 837 001 144 QVG Long Short Fund Appl	lication Account	
Please include your Investhe investor account is p		ce field of your EFT or se	nd a notification email to qv	g@cm.mpms.muf	g.com to ensure that
CONTACT DETAILS	5				
Contact Name			Contact Number		
DECLARATION AND AUTHORISATION					
Please make sure you have completed the section above. In signing, I/we authorise that these instructions be made on my/our behalf and acknowledge that this form is provided on the basis that the Trustee will affect it according to the terms and conditions of the current IM. Signature Name and title of Signatory (block letters please) Date					
Signature		Name and title of Signatory (block letters please)		se)	Date
transferred before that has been approved Please note it is up to the	the application has be and units are allocane investor to ensure MU	peen approved, it w ted. IFG CM have been notifi	on is approved by MUF ill be held in a separate ied of authorised signatories vided there maybe delays in	e unit trust unt	il the application Where we cannot
COMPLETED FORM			- ,		
Scan and email this r	equest to qvg@cm.mp	pms.mufg.com			

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