

# Investors Mutual Limited Funds

ABN 14 078 030 752  
AFSL 229988

## Additional Investment Form

Use this Form to make an additional investment into one or more of the Investors Mutual Funds ("Funds"). Prior to completing this Form, please consider the current Product Disclosure Statement and Investment Guide, where applicable, which can be found at our website [iml.com.au](http://iml.com.au). If you have questions about completing this Form please contact Investors Mutual Limited ("IML") on 1300 551 132.

### 1. Unit Holder Details

Account name (in full)

### 2. Additional Investment Instructions

Fund Name	Investor number	Additional Investment (Minimum additional investment amount is \$5,000 per Fund)
Investors Mutual Australian Share Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Equity Income Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual All Industrials Share Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Concentrated Australian Share Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Small Cap Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Future Leaders Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Australian Smaller Companies Fund	<input type="text"/>	\$ <input type="text"/>
Investors Mutual Private Portfolio Fund	<input type="text"/>	\$ <input type="text"/>

### 3. Additional Investment Payment

**Direct Deposit**

Bank: Citibank, N.A. (Sydney Branch)

BSB: 242 000

Account no: 209 802 007

Account name: IML AS RE - Applications a/c <Name of investor>

## 4. Contact Details

Name	
<input type="text"/>	
Email	
<input type="text"/>	
Phone	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

## 5. Declaration

Signatures must match the signing authority on this account. If signed under a Power of Attorney, the attorney declares that he/she has not received any notice of revocation of that power or the death or mental incapacity of the Investor. A certified copy of the Power of Attorney must be submitted with this Form unless we have previously sighted it. If executed by a company, the Form must be executed in accordance with the company's constitution or the Corporations Act 2001 by an authorised officer or attorney who has not received notice of any revocation.

## 6. Signatures

Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>
Signature	Date
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

## 7. Send Your Completed Instruction To:

Your additional investment request and cleared application monies must be received and identified (and accepted by us) **before 4.00pm Sydney AEST** on a Business Day in Sydney, Australia to be processed with the unit price calculated for that day. The Funds' buy-sell spreads do apply. Investors Mutual Limited will not be responsible for any postal or service delivery delay or failure.

The information within this form is taken at face value. Any discrepancies within the instructions are only raised through usual processing.

Send your completed form to:

Investors Mutual Limited  
C/- Citi Unit Registry Australia  
GPO Box 764  
Melbourne VIC 3001  
Fax 1300 714 616