

Additional Portfolio

Please complete in capital letters only

This form is to be completed to establish an additional Portfolio.

1. Account details

Investor no.	<input type="text"/>
Investor name	<input type="text"/>
Portfolio name	<input type="text"/>

2. Investment Instructions

Rebalance quarterly Yes No*

* If you select "No", you will need to complete an 'Update Portfolio/Switch' form to re-define your investment percentage mix before you will be able to select automatic rebalance in the future.

Strategy	Amount \$ ²	%	Distribution Election ¹	
			Re-invest	Credit bank account
Absolute Return	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian Fixed Income (Sovereign)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian Fixed Income (Composite)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian Equities	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Fixed Income (Credit)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Fixed Income (Composite)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Equities	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed Property	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured Bond	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total		100%		

EFT payments should be deposited to Commonwealth Bank Account: 10934719, BSB: 062-000.

¹ We will automatically re-invest your income in units of the same Strategy if you do not make a selection.

² Initial minimum application amount of \$500,000 may apply (please refer to page 2 of the 'Fund Information Memorandum' dated 16 October 2006 for details).

3. Banking details

Bank/Building Society or Credit Union details:

Name of institution	<input type="text"/>		
Name in which the account is held	<input type="text"/>		
Account number	<input type="text"/>	Branch (BSB) number	<input type="text"/> - <input type="text"/>
Street/PO Box no.	<input type="text"/>		
Suburb/Town/City	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
		Country (if outside Australia)	<input type="text"/>



4. Investor declaration

Note: All investors must sign and date this section of the form. Corporate applicants should sign under seal (where required).

Signed on behalf of Signatory 1/Investor 1:

Full name

Signed Date (dd/mm/yyyy) / /

Signed on behalf of Signatory 2/Investor2:

Full name

Signed Date (dd/mm/yyyy) / /

Company Seal (if applicable)

Advisor name

Full name

Where to send this form/enquiries

Responsible entity		
Chifley Financial Services Limited (ABN 75 053 704 706)		
Ground Floor 28 Margaret Street SYDNEY NSW 2000 website: www.chifley.com	GPO Box 2617 SYDNEY NSW 2001	E-mail: Chif.Admin@chifley.com Phone: 1800 800 002 (toll free) (8.30 am – 5.00 pm Mon – Fri) Fax: (02) 9273 0033

