

ADDITIONAL INVESTMENT FORM

Note: This form **cannot** be used for an initial investment application, including by existing Hyperion investors who want to invest in a different Hyperion Fund. Please complete 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	
Holder (SRN) number	_____
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:	
Fund Name	Amount (\$)
Hyperion Global Growth Companies Fund (Managed Fund)	
For the Hyperion Global Growth Companies Fund (Managed Fund), the minimum additional investment amount is \$1,000 or as agreed with the Responsible Entity.	
Payment Details	
EFT:	
Currency	AUD
Country	Australia
Payee	Hyperion Global Growth App
BSB:	036 011
Account Number:	613878
Deposit reference for EFT: <i>Please quote your investor name</i>	
BPAY:	
Individual BPAY details are available on the Automatic Investor Portal at https://investor.automic.com.au/#/home via the Offer tab.	
For investors submitting an additional application via BPAY, an additional investment form is not required. The registry will identify your funds against your BPAY customer reference number.	
Authorisations	
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. <i>Please ensure that this form is signed according to the authority assigned to the account.</i>	
Signature	_____ Date _____/_____/_____
Full Name	_____
Capacity: (e.g. director, trustee)	_____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Post:
Hyperion Global Growth Companies Fund (Managed Fund)
c/- Automic Group
GPO Box 5193
SYDNEY NSW 2001

Email:
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