

ADDITIONAL INVESTMENT FORM

Note: This form **can not** be used for an initial investment application, including existing investors who want to invest in a different Hyperion Fund. Please complete the Application Form and if applicable, include existing account number in section 1 of the Application Form.

Online Form: Additional investment requests can also be lodged via the online [Investor Portal](#).

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

Investor number (eight-digit number) _____

Investor name _____

Fund Information

Please accept this additional investment request with respect to my/our investment in the below Fund:

Fund Name	Amount (\$)
Hyperion Australian Growth Companies Fund	
Hyperion Small Growth Companies Fund	

The minimum additional investment amount is \$1,000 or as agreed with the Responsible Entity.

Payment Details

Currency	AUD
Country	Australia
Payee	Pinnacle Application
BSB:	242 000
Account Number:	208 953 028
Deposit reference for EFT:	Your eight-digit investor number

BPAY

One-off additional investments can also be made **without an accompanying form** by using the provided BPAY biller code (right) and the BPAY CRN, a ten-digit code which is a combination of the two-digit BPAY code (below) followed by your eight-digit investor number.



Biller Code: 266783

Telephone & Internet Banking – BPAY
Call your bank, credit union or building society to make this payment from your cheque, savings or credit card account.
More info: www.bpay.com.au

Fund name	BPAY code
Hyperion Australian Growth Companies Fund	20
Hyperion Small Growth Companies Fund	19

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. *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:

Hyperion Asset Management Limited
c/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001

Fax:

[Fund Name] [Investor Name]
c/- Citi Unit Registry Australia
+61 1300 102 151