

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.

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

Client 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 Australian Growth Companies Fund	
Hyperion Small Growth Companies Fund	
Hyperion Global Growth Companies Fund (class B units)	

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

Payment Details

Payment Method:

- Electronic Funds Transfer, or
 Cheque

Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT'):

EFT:

Currency	AUD
Country	Australia
Payee	RBCIS Hyperion [<i>Investor Name</i>]
BSB:	012-003
Account Number:	836266183

Deposit reference for EFT:

Please quote your deposit reference number

Cheque:

Cheques should be crossed "**Not Negotiable**" and made payable to: **RBCIS Hyperion [*Investor Name*]**

Please note that you will incur a fee if your cheque is dishonoured.

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:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
SYDNEY NSW 2001

Fax:

[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
+612 8262 5492