

4. Distribution Option

Please tick the relevant box(es) to indicate how you would like your distributions paid. If no selection is made, reinvestment will be assumed.

Prime Value Growth Fund	Reinvest Distribution <input type="checkbox"/>	Pay to my bank account (below) <input type="checkbox"/>
Prime Value Imputation Fund	Reinvest Distribution <input type="checkbox"/>	Pay to my bank account (below) <input type="checkbox"/>
Prime Value Opportunities Fund	Reinvest Distribution <input type="checkbox"/>	Pay to my bank account (below) <input type="checkbox"/>
Prime Value Cash Plus Fund	Reinvest Distribution <input type="checkbox"/>	Pay to my bank account (below) <input type="checkbox"/>

5. Distribution account details

Tick if the distribution proceeds are to be paid into the bank account we have on file.

Financial Institution											
Branch											
BSB				Account Number							
Account Name											

6. Declarations and signatures. Joint applications must both sign. Applications under a Power of Attorney must be accompanied by a certified copy of the power.

In signing this additional application form, I/we acknowledge/agree to the following:

- I/we have read and understood the Product Disclosure Statement for the relevant Fund;
- I/we agree to be bound by the terms of the Product Disclosure Statement and the constitution;
- I/we acknowledge that neither Prime Value nor any other person or entity guarantees the value or performance of this investment or any income or capital return from the Fund.

Signature

Print Name (in full)

Tick capacity (mandatory for companies)

Sole Director

Director

Company Secretary

Date

Signature

Print Name (in full)

Tick capacity (mandatory for companies)

Director

Company Secretary

Date