

Application Form for Millinium's Multi-Strategy Income Fund

H Class Unit Holder (Company, Trust or Partnership)

Millinium Capital Managers Limited
ABN 32 111 283 357 AFSL No. 284336
Product Disclosure Statement dated 24 July 2009

Before you sign this Application Form, the Responsible Entity or financial planner is obliged to give you a Product Disclosure Statement (which is a summary of important information relating to the Fund). The Product Disclosure Statement dated 24 July 2009 accompanies this Application Form. You should read the Product Disclosure Statement before investing in Millinium's Multi-Strategy Income Fund.

PLEASE USE BLOCK LETTERS AND BLACK INK FOR THIS APPLICATION FORM. PLACE AN "X" IN EACH BOX YOU NEED TO COMPLETE.

1.1 INVESTMENT DETAILS

Do you have an existing investment in this Fund?

YES ► Existing account name:
Existing account number:
Please complete section 1.4 and sign in section 10. You do not need to provide any further information in any other section but if you do this will override any previous information provided to us.

NO ► Please proceed to section 1.2.

1.2 Investor type

All parties need to complete section 1.2 to 1.7, sections 3 to 10 and all relevant customer identity verification in section 2.

	TYPE OF ENTITY	REQUESTED CUSTOMER IDENTITY VERIFICATION
i. What entity is investing?	<input type="checkbox"/> Australian company	► Go to Section 2.1A to 2.C.
	<input type="checkbox"/> Australian trust/superannuation fund	► Go to Section 2.1D. If the trust has a company trustee, must also go to section 2.1A.
	<input type="checkbox"/> Partnership	► Go to Section 2.1E.
	<input type="checkbox"/> Other (eg. Foreign company)	► Please contact us on 1800 807 510 for customer identity verification requirements or go to the AML section of our website at www.Milliniumcapital.com .

All new investors must complete

1.3 Investor name(s)

	1.3A - Investor 1 (Individual trustee or company trustee or partner)	1.3B - Investor 2 (Individual trustee or partner)
Surname	<input type="text"/>	<input type="text"/>
Full given name(s)	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Company trustee (if applicable)	<input type="text"/>	<input type="text"/>

1.3C Company Trustee Name*

Full Name
* include full name as registered with ASIC.

1.3D Partnership Name*

Full Name
* include full name as registered with ASIC.

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1.4 Additional customer identity verification

If your residential address is not in Australia or New Zealand (for individual/joint investors or sole traders).

What is your occupation?

Please provide details of your business activities.

What is your source of funds, including the purpose of the funds being invested (eg. bank and investment)?

1.5 Principle place of business/operations for companies

This section is to be completed by companies only.

Contact Name

1.4A - Principle place of business/operations

This is to be completed by companies **(must not be a PO Box)**

1.4B - Registered office

To be completed by companies only **(must not be a PO Box)** Only cross (x) this box if address is the same as principle place of business, otherwise complete.

Unit number

Street number

Street name

Suburb

State

Postcode

Country

1.6 Postal address and contact details for companies/trusts/superannuation funds/partnerships

For companies, if your postal address is the same as your principal place of business/operations detailed above, please cross (x) this box only. Otherwise, please complete details below.

C/- (if applicable)

Unit Number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Phone (work)

Phone (a/h)

Mobile

Facsimile

Email

1.7 Taxation details

ABN

TFN

Tax exemption

You can choose not to provide your tax file number or exemption but tax may be deducted at the highest marginal tax rate (plus medicare levy) on your distributions. It is not against the law to not provide this information.

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2. CUSTOMER IDENTITY VERIFICATION

2.1A Australian Company - general details

i. Is your company an (please mark (x) where applicable):

Australian company acting as trustee of a trust/superannuation fund; or Australian company.

ii. What is the ACN of the company?

iii. Is your company registered by ASIC as a:

public company (go to 2.1 iv); or proprietary company (go to 2.1B).

No. of directors Please provide full name of each director.

	Surname	Full given name(s)
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more than four (4) directors, please provide their full names and attach it to this application form.

iv. Is your company:

licensed by an Australian Commonwealth, state or territory statutory regulator; or a listed company; or

a majority owned subsidiary of an Australian listed company.

2.1B Australian Proprietary (only)

i. Only complete for shareholdings of or over 25% for proprietary companies.

Beneficial Owner 1		<input type="text"/>		
Unit	Street number	Date of Birth	/	/
Street name				
Suburb				
State	Postcode	Country	<input type="text"/>	
Beneficial Owner 2		<input type="text"/>		
Unit	Street number	Date of Birth	/	/
Street name				
Suburb				
State	Postcode	Country	<input type="text"/>	
Beneficial Owner 3		<input type="text"/>		
Unit	Street number	Date of Birth	/	/
Street name				
Suburb				
State	Postcode	Country	<input type="text"/>	

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2.1C Australian Company

i. Identity verification for Australian companies.

Information required to be verified. Please ensure the document(s) you provide confirms the following:	Verification option(s). Please cross (x) which document(s) are provided:
i. If the company is: <ul style="list-style-type: none"> • listed; or • majority owned subsidiary of a listed company; or • regulated. 	<input type="checkbox"/> Up-to-date extract from ASIC database; or <input type="checkbox"/> Up-to-date extract from ASX database (if applicable); or <input type="checkbox"/> Certificate of registration issued by ASIC
ii. If the company is neither of these, the: <ul style="list-style-type: none"> • full name of company; and • whether company is registered as proprietary or public company; and • ACN. 	
iii. Evidence that the director(s)/secretary signing the application form has the authority of the company.	
Please complete 2.1B only if Australian company is also a trustee, otherwise go to 2.1D.	

2.1D Australian trust/superannuation fund

i. Is your trust/superannuation fund any of:

Registered scheme
 Regulated trust
 Government superannuation fund
 Other. Please detail _____

ii. If you marked 'Other' above, please indicated how the trust deed identifies beneficiaries/unitholders:

Names of individuals (please list the each beneficiary/unitholder below); and/or
 Membership of a class (please list the name of each membership class below).

Full names of beneficiaries/unitholders or membership class (attach the details, if detailed)

1. _____
2. _____
3. _____
4. _____
5. _____

iii. Identity verification for Australian trusts/superannuation funds.

Information required to be verified. Please ensure all document(s) provided confirm the following:	Verification option(s). Please cross (x) which document(s) are provided:
<ul style="list-style-type: none"> • Full name of trust/superannuation fund; and • Type of trust/superannuation fund. 	Registered schemes, regulated trusts or government superannuation funds <input type="checkbox"/> Up-to-date extract from the relevant regulator database (eg: ASIC, ATO); or <input type="checkbox"/> Up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.
<ul style="list-style-type: none"> • Full name of trust/superannuation fund. 	Other trusts <input type="checkbox"/> Extract of the trust deed; or <input type="checkbox"/> Notice issued by the ATO within the last 12 months.

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2.1D Australian trust/superannuation fund cont.

iv. Number of trustees

v. Is the trustee(s) of the trust/superannuation fund:

Individual(s) If you marked 'Other' in question 2.1D(i) above, please provide details for ALL TRUSTEES (including any company trustees).

Australian company Please complete section 2.1A and 2.1B (as applicable).

Individual trustee 1

Surname

Full given name(s)

Title Date of Birth / /

Residential Address (street address)

Unit Street number

Street name

Suburb State

Postcode Country

TFN or exemption

Individual trustee 2

Surname

Full given name(s)

Title Date of Birth / /

Residential Address (street address)

Unit Street number

Street name

Suburb State

Postcode Country

TFN or exemption

If there are more than two (2) individual trustees please provide a separate piece of paper and attach it to this application form.

This must be completed by Australian companies acting as a trustee company.

Contact name

Principal place of business/operations
(**must not be a PO Box**).

Full address of registered office

Cross (x) in this box if same as principle place of business (**must not be a PO Box**).

Unit number	<input type="text"/>	<input type="text"/>
Street number	<input type="text"/>	<input type="text"/>
Street name	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

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2.1D Australian trust/superannuation fund cont.

vi. Identity verification for individual trustees where they are an Australian resident(s).

Information required to be verified Please ensure the document(s) you provide confirms the following:	Verification option(s). Please cross (×) which document(s) you have provided:
<ul style="list-style-type: none"> Full name of individual; and EITHER <ul style="list-style-type: none"> - Residential address of individual; or - Date of Birth 	<p>Please provide EITHER A or B:</p> <p>A) a valid copy of ONE of the following <u>PRIMARY</u> documents:</p> <p><input type="checkbox"/> Australian driver's licence containing your photograph; or</p> <p><input type="checkbox"/> Australian passport: or</p> <p><input type="checkbox"/> Proof of age card issued under a State or Territory law, containing your photograph.</p> <p>OR if none of the above can be provided, please provide i and ii below:</p> <p>B) i. a valid copy of ONE of the following <u>SECONDARY</u> documents:</p> <p><input type="checkbox"/> Australian birth certificate: or</p> <p><input type="checkbox"/> Australian citizenship certificate; or</p> <p><input type="checkbox"/> Pension card issued by Centrelink: or</p> <p><input type="checkbox"/> Health care card issued by Centrelink: AND</p> <p>ii. a valid copy of a notice that contains your name and residential address which was issued to you by either:</p> <p><input type="checkbox"/> the Commonwealth or a state or territory within the preceding 12 months and records the provision of financial benefits: or</p> <p><input type="checkbox"/> the ATO within the preceding 12 months and records a debt payable by or to you; or</p> <p><input type="checkbox"/> a local government body or utilities provider within the preceding 3 months and records the provision of services to you.</p>

vii. Identity verification for individuals/trustees where they are not an Australian resident(s).

Information required to be verified Please ensure the document(s) you provide confirms the following:	Verification option(s). Please cross (×) which document(s) you have provided:
<ul style="list-style-type: none"> Full name of individual; and EITHER <ul style="list-style-type: none"> - Residential address of individual; or - Date of Birth 	<p>Please provide EITHER A or B:</p> <p>A) a valid copy of ONE of the following <u>PRIMARY</u> documents:</p> <p><input type="checkbox"/> Foreign passport or similar travel document bearing your signature and photograph; or</p> <p><input type="checkbox"/> National identity card issued by a foreign government bearing your signature and photograph: or</p> <p>OR if none of the above can be provided, please provide:</p> <p>B) a valid copy of TWO of the following <u>SECONDARY</u> documents:</p> <p><input type="checkbox"/> Foreign driver's licence that contains your photograph; and/or</p> <p><input type="checkbox"/> Citizenship certificate issued by a foreign government; and/or</p> <p><input type="checkbox"/> Birth certificate issued by a foreign government.</p>

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2.1E Partnership

i. Country your partnership is established?

ii. Is the partnership regulated by a professional association?

Yes ► Please provide full details below for PARTNER 1 (should be same person as listed on section 1.3).

Name of the professional association

Membership details
 (eg: membership number)

No ► Please provide, full details below of ALL partners, including the 'Identity verification' in section 2.1E(iii).

Partner 1

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of Birth / /

Residential Address (street address)

Unit Street number

Street name

Suburb State

Postcode Country

Phone

Partner 2

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms) Date of Birth / /

Residential Address (street address)

Unit Street number

Street name

Suburb State

Postcode Country

Phone

If more than two (2) partners, please provide all details for each additional partner on a separate piece of paper and attach it to this Application Form.

iii. Identity verification for Partnership.

Information required to be verified Please ensure the document(s) you provide confirms the following:	Verification option(s). Please mark (x) which document(s) you have provided:
<ul style="list-style-type: none"> Full name of partnership; The partner signing the application form is/are current partner(s) of the partnership 	<input type="checkbox"/> Up-to-date extract of partnership agreement; and <input type="checkbox"/> If the partnership agreement does not confirm that the partner(s) signing is/are current partner(s), other evidence that the person(s) is/are partner(s).

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2.1E Partnership cont.

iv. Identity verification for partner(s) where they are an Australian resident.

Information required to be verified Please ensure the document(s) you provide confirms the following:	Verification option(s). Please cross (x) which document(s) you have provided:
<ul style="list-style-type: none"> Full name of individual; and EITHER <ul style="list-style-type: none"> Residential address of individual; or Date of Birth 	Please provide EITHER A or B: A) a valid copy of ONE of the following <u>PRIMARY</u> documents: <ul style="list-style-type: none"> <input type="checkbox"/> Australian driver's licence containing your photograph; or <input type="checkbox"/> Australian passport: or <input type="checkbox"/> Proof of age card issued under a State or Territory law, containing your photograph. OR if none of the above can be provided, please provide B(i) and B(ii) below: B) i. a valid copy of ONE of the following <u>SECONDARY</u> documents: <ul style="list-style-type: none"> <input type="checkbox"/> Australian birth certificate: or <input type="checkbox"/> Australian citizenship certificate; or <input type="checkbox"/> Pension card issued by Centrelink: or <input type="checkbox"/> Health care card issued by Centrelink: and ii. a valid copy of a notice that contains your name and residential address which was issued to you by either: <ul style="list-style-type: none"> <input type="checkbox"/> the Commonwealth or a state or territory within the preceding 12 months and records the provision of financial benefits: or <input type="checkbox"/> the ATO within the preceding 12 months and records a debt payable by or to you (please block out your TFN); or <input type="checkbox"/> a local government body or utilities provider within the preceding 3 months and records the provision of services to you.

v. Identity verification for partner(s) where they are not an Australian resident.

Information required to be verified Please ensure the document(s) you provide confirms the following:	Verification options. Please cross (x) which document(s) you have provided:
<ul style="list-style-type: none"> Full name of individual; and EITHER <ul style="list-style-type: none"> Residential address of individual; or Date of Birth 	Please provide EITHER A or B: A) a valid copy of ONE of the following <u>PRIMARY</u> documents: <ul style="list-style-type: none"> <input type="checkbox"/> Foreign passport or similar travel document bearing your signature and photograph; or <input type="checkbox"/> National identity card issued by a foreign government bearing your signature and photograph: or OR if none of the above can be provided, please provide: B) a valid copy of TWO of the following <u>SECONDARY</u> documents: <ul style="list-style-type: none"> <input type="checkbox"/> Foreign driver's licence that contains your photograph; and/or <input type="checkbox"/> Citizenship certificate issued by a foreign government; and/or <input type="checkbox"/> Birth certificate issued by a foreign government.

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2.1F Verification procedure

COMPLETE FOR ALL INVESTORS (DO NOT SEND US ORIGINAL DOCUMENTS)

ID DOCUMENT DETAILS	Primary Document*		Secondary Document*	
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Issuer				
Issue Date				
Expiry Date				
Document Number (if available)				
Accredited English Translation	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted

***All copies of documents must be annexed to this Application Form.**

2.1G Certifier Details

Date Verified

I confirm that the investor(s) named in this Application Form has been identified and verified in accordance with the AML/CTF requirements set out in the PDS and this Application Form. There are copies of original(s) and/or certified copies annexed to this Application Form.

Certifier's Name

Phone No.

Certifier Type*
(e.g. financial planner)

AFSL No.
(if applies)

***My certifier is:** (a) **my adviser** being an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees (b) **my accountant** being a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership (c) **my lawyer** being a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) (d) **a justice of the peace, notary public or a police officer** (e) **a post office worker**, being an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public or a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public (f) **a bank or financial institution officer** being an officer with 2 or more continuous years of service with one or more financial institutions or companies for the purposes of the Statutory Declaration Regulations (g) **a consular officer** being an Australian consular officer or an Australian diplomatic officer within the meaning of the Consular Fee Act 1966 (h) **a judge, magistrate, chief executive officer of a Commonwealth court, registrar or deputy registrar of a court** (i) **a finance company officer** with 2 or more continuous years of service with one or more finance companies.

3. Nominated account

Please pay my regular payments and any withdrawals to the account nominated* below. Please refer to your credit union, building society or bank statement for these details#. Do not use the numbers quoted on any plastic card or credit union cheque form.

Account number

Account name

BSB number

Name of institution

Branch

* Only the trustee or director or partner will have the right to give us instructions. # Please note: must be a financial institution in Australia.

4. Investment amount

A minimum of \$25,000 applies for your investment. Please indicate the amount below you are to invest.

Deposit information (cheque drawn by)	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>

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5. Investor status

Please mark (x) one or more classes under the category of Wholesale or Sophisticated investor you meet for investment (see page 26 of the PDS for more details).

- A person with net assets of at least \$2.5 million or gross income in last 2 years of at least \$250,000 per year for last 2 years (including through investments in a trust or company under their control).
- A business in manufacturing goods with over 100 staff or another business with over 20 staff.
- An investor who invests at least A\$500,000 at one time.
- A professional investor, being anyone of the following:
 - an Australian Financial Services Licensee (AFS Licensee);
 - a body regulated by APRA (e.g. bank, credit union, life insurance company);
 - a trustee(s) of a superannuation fund, an approved depositfund, a pooled superannuation trust or a public sector superannuation scheme (as defined in the Superannuation Industry (Supervision) Act 1993 (Cth)) that has net assets of at least A\$10 million;
 - a person who has or controls gross assets of at least A\$1 a million (including any assets held by associates or under a trust that the person manages) ;
 - an exempt public authority;
 - a listed entity (Le. listed on the ASX, BXS or NXS) or the related body corporate of a listed entity;
 - a body corporate (or unincorporated body) that carries on a business of investment in financial products, interest in land or other investments, and, for those purposes, invests funds received (directly or indirectly) following an offer or invitation to the public (as defined); or
 - a foreign entity that would fall within one of the above professional investor categories; or
 - a wholly owned subsidiary of an entity which falls within one of the above professional investor categories.
- A 'sophisticated investor'. To be a sophisticated investor all of the following requirements must be satisfied:
 - the provider of the product or service must be an AFS Licensee (which we are);
 - the product or service must not be given in connection with a business;
 - the AFS Licensee must be satisfied, on reasonable grounds, that the client has previous experience in using financial services and investing in financial products that allows the client to assess:
 - the merits of the product or service;
 - the value of the product or service;
 - the risks associated with holding the product;
 - the client's own information needs; and
 - the adequacy of the information given by the AFS Licensee and the product issuer;
 - the AFS Licensee must give the client before or at the time when the product or service is provided, a written statement of the AFS Licensee's reasons for being satisfied that the client has the relevant experience; and
 - the client must sign a written statement, before or at the time when the product or service is provided, acknowledging that the AFS Licensee:
 - has not provided a product disclosure statement or any other document that would normally be required to be given to a retail client; and
 - has no other obligations towards the client that would apply if the client were a retail client.

6. Regular investment plan / distribution reinvestment plan

Do you wish to have a Regular Investment Plan? (see page 19 of PDS for more details) Yes No

This means that after an initial investment of \$25,000 you can invest a minimum of \$100 per month. If you wish to establish a Regular Investment Plan, you must complete a Direct Debit Request form accompanying this Application Form.

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7. Financial Planner Remuneration

Do you have a financial planner? Yes No

If you answer yes above, you and your financial planner will need to complete this section 7 to indicate how your financial planner will be paid for their services. Please mark one of the boxes below to indicate the method of payment.

Payment Method (see page 17 of PDS)	Maximum Limit <input checked="" type="checkbox"/>
Upfront payment	<input type="checkbox"/> 0.55% (on initial and ongoing investment)
Ongoing remuneration	<input type="checkbox"/> 0.45% p.a.

Complete this section if you have agreed to pay an Adviser service fee (see page 18). Please select by marking the box and writing in the amount of the Adviser service fee.

Adviser Service Fee (see page 17 of PDS)	Mark Box <input checked="" type="checkbox"/>	Amount	Period
Upfront payment	<input type="checkbox"/>	%	per annum
Ongoing remuneration	<input type="checkbox"/>	\$	<input type="checkbox"/> monthly
			<input type="checkbox"/> quarterly

8. Privacy

Do you wish us to use the email address(es) to send advertising material to you in relation to your investment? Please tick the box below:

Investor 1 Yes No

Investor 2 Yes No

If you do not wish to receive information on other products and services that may be of benefit to you, please tick this box.
Please see page 24 of the PDS for details on privacy and personal information.

9. Annual Financial Report

I/We would like to receive an Annual Financial Report for the Fund each year. Yes No

If no selection is made you will receive an Annual Financial Report for the Fund each year.

10. Signature(s) and confirmations

- I/We have received and read the Product Disclosure Statement dated 24 July 2009.
- I/We agree to be bound by the provisions of the Fund's constitution of the Fund as amended from time to time.
- I/We authorise the Responsible Entity to deduct from my/our investment all fees, expenses and taxes payable/incurred on my/our behalf to my/our investment.
- I/We authorise the Responsible Entity to provide details regarding my/our investment to my/our financial planner and receive information for me/us until such time that I/we revoke this authority in writing.
- I/We have nominated an account for receipt of my/our payments. I/We indemnify the Responsible Entity from all expenses or liabilities arising from my/our instructions for payments (including those involving a third party who has access to my/our nominated account).
- I/We acknowledge that the Responsible Entity does not guarantee the success or performance of my investment selected.
- I/We understand that, in applying for a Regular Investment Plan, I/We agree to be bound by the terms and conditions of the Regular Investment Plan that includes the Direct Debit Request Service Agreement terms and conditions.
- I/We understand that a person who gives another person access to this Application Form must also give that person access to the relevant offer document and any supplementary offer document.
- I/We are at least 18 years of age if I/We am/are an individual(s) or am/are the parent/guardian authorised to approve the investment for the person named on this Application Form.
- I/We understand that whilst this Product Disclosure Statement is current, the Responsible Entity or the person who provides a copy of the Product Disclosure Statement will provide hard copies of the Product Disclosure Statement and any supplementary Product Disclosure Statement, free of charge on request.
- I/We authorise my/our financial planner to provide directions to the Responsible Entity on my/our behalf until I/we revoke this authority in writing.

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- I/We declare that the information in this form (including any supporting document): (i) is complete and correct (ii) if it is about another person, has been provided with the authority of that person (if required) (iii) may be used in connection with any products, services I/We hold, apply for, request or obtain and (iv) subject to privacy obligations, may be disclosed to and used by the providers of such products, services or benefits to facilitate compliance with anti-money laundering and counter-terrorist financing legislation.
- I/We acknowledge that it is a criminal offence to knowingly provide: (i) false or misleading information on this form (ii) false documents in support of any information on this form.
- I/We acknowledge I/we meet the requirements to be classified as a Wholesale or Sophisticated investor outlined in the PDS and this Application Form.

Investor 1	Name	Date (dd/mm/yy)	
	Signature	Capacity	Sole Director <input type="checkbox"/>
			Director <input type="checkbox"/>
			Secretary <input type="checkbox"/>

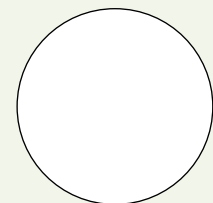
Investor 2	Name	Date (dd/mm/yy)	
	Signature	Capacity	Sole Director <input type="checkbox"/>
			Director <input type="checkbox"/>
			Secretary <input type="checkbox"/>

FINANCIAL PLANNER ONLY

Name	
AFSL holder	
Referral source	
Signature	
AFSL holder stamp	

Telephone	
Account number	
BSB number	
Date	(dd/mm/yy)

ADVISOR'S STAMP



Remit application plus payment to: FundBPO Pty Limited,
 GPO Box 4968, Sydney, NSW 2000

Direct Debit Request Form

H Class unit holder

Millinium Capital Managers Limited
ABN 32 111 283 357 AFSL No. 284336
Product Disclosure Statement dated 24 July 2009

Request and authority to debit the account named below to pay Millinium Capital Managers Limited.

1. Request and authority to debit

Surname or company/business name

Given names or ACN/ABN (you)

request and authorise Millinium Capital Managers Limited (User Identification Number 364011) to arrange for any amount Millinium Capital Managers Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

2. Regular Investment Plan

I/We would like to invest \$_____00 per month.

I/We wish my/our direct debit request to commence from 15 / / dd/mm/yy (must be within 3 months).

A minimum of \$100 applies to have a Regular Investment Plan.

3. Account to be debited

Account number

Account name

BSB number

Name of institution

Branch

Please refer to your credit union, building society or bank statement for these details. Do not use a number quoted on any plastic card or credit union cheque form.

Address

Suburb

State

Postcode

4. Acknowledgement

By signing this Direct Debit Request Form you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Millinium Capital Managers Limited as set out in this request and in your Direct Debit Request Service Agreement.

5. Signatures and address

I/we confirm that I/we have completed the AML/CTF requirements in my/our Application Form and the details provided in this document are true and correct.

Signature

Date (dd/mm/yy)

Signature

Date (dd/mm/yy)

Address

Suburb

State

Postcode

Direct Debit Service Agreement

H Class unit holder

Millinium Capital Managers Limited
ABN 32 111 283 357 AFSL No. 284336

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you.

us or we means Millinium Capital Managers Limited, (the Debit User) you have authorised by signing a direct debit request.

you means the customer who signed the direct debit request.

your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

Debiting your account

By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account only when this is authorised in the direct debit request.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day.

If you are unsure about which day your account has or will be debited you should ask your financial institution.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least 14 days' written notice.

Changes by you

You may change the arrangements under a direct debit request by writing to us.

If you wish to stop or defer a debit payment you must notify us in writing with at least 14 days' notice before the next debit day. This notice should be

given to us in the first instance.

You may also cancel your authority for us to debit your account at any time by giving us 14 days' notice in writing before the next debit day. This notice should be given to us in the first instance.

Your obligations

It is your responsibility to ensure that there are sufficient cleared funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

If there are insufficient cleared funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us;
- (c) you must arrange for another method of making the debit payment or for sufficient cleared funds to be placed in your account at an agreed-on time so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

If we are liable to pay Goods and Services Tax (GST) on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

Dispute

If you believe there has been an error in debiting your account, notify us directly at 1800 750 810 and confirm that notice in writing with us as soon as possible so that we can attend to your concern more quickly.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your account should be directed to us in the first

instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement;
- (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- (a) to the extent specifically required by law;
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

Notice

If you wish to notify us in writing about anything related to this agreement, write to us at c/- 28 Market St, Brisbane QLD 4000.

We will notify you as required by this PDS and the Fund's constitution by sending a notice in the ordinary post to the address you have indicated on the direct debit request.

Any notice will be deemed received two business days after it is posted.