

Application Form for Millinium's Multi-Strategy Fund Multi-Strategy Investment Options

(Company, Trust or Partnership)

Millinium Capital Managers Limited
ABN 32 111 283 357 AFSL No. 284336
Product Disclosure Statement dated 23 February 2012

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 23 February 2012 accompanies this Application Form. Call us for a free paper copy of the PDS and this Application Form. You should read it before investing in the investment options in Millinium's Multi-Strategy Fund ARSN 125 878 015 (which includes Millinium's Income Fund ARSN 127 686 257) (collectively the "Fund").

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

SECTION 1 - INVESTMENT DETAILS

1.1 Do you have an existing investment in the Fund?

YES ► Existing account name:

Existing account number:

Please complete section 1.12 and sign in section 3. You do not need to provide any further information but if you do this it will override any previous information provided to us.

NO ► Please proceed to section 1.2.

1.2 Investor Type

All new investors must complete.

Who is investing? (place X in box below)	Investor completes certain sections of Application Form	Certifier checks customer identity verification of investor
<input type="checkbox"/> Australian Company	Section 1 and 3	Section 2.1A and 2.1C.
<input type="checkbox"/> Australian trust/ superannuation fund	Section 1 and 3	Go to section 2.1 D. Please note that if the trust or superannuation fund has a company as a trustee also go to section 2.1A and also complete this.
<input type="checkbox"/> Partnership	Section 1 and 3	Go to Section 2.1E.

1.3 Name of Account to Set Up

State Full Name of Entity*

*Please state the full name you want your investor account name to be shown (for example, [the name of trustee] as trustee for [name of SMSF/superannuation fund]). The name should correspond with details registered with the ASIC/APRA or ATO. Please see page 31 of the PDS to explain how to complete this section if you are unsure.

1.4 Tax Information

Taxation Details

ABN

TFN

Tax exemption

1.5 Communication Details

Principal business address

Unit Number Street number
 Street name Suburb
 State/Territory Postcode Country

Registered office address (PO Box is NOT acceptable) (Same as principal business address)

Unit Number Street number
 Street name Suburb
 State/Territory Postcode Country

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Postal address and contact details (if any) (PO Box is NOT acceptable).

Unit Number	<input type="text"/>	Street number	<input type="text"/>
Street name	<input type="text"/>		Suburb <input type="text"/>
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
Phone (BH)	<input type="text"/>	Phone (AH) Home	<input type="text"/>
Facsimile	<input type="text"/>	Email	<input type="text"/>

1.6 Investment Options

The Minimum Investment Amount of \$5,000 applies. You may choose one or more of the following investment option(s) below to make an investment. If you do not select to have a Distribution Reinvestment Plan (see page 18 of the PDS for more details) by selecting "Reinvest Income" then you need to complete your Nominated Account in 1.7 below.

Investment Option	<input checked="" type="checkbox"/>	Deposit Information (eg. reference)	Reinvest Income	<input checked="" type="checkbox"/>	Amount investing (in whole dollars)	
Cash	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No <input type="checkbox"/>	\$
Health Care [^]	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No <input type="checkbox"/>	\$
Multi-Strategy Income	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No <input type="checkbox"/>	\$
Dividend Income	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No <input type="checkbox"/>	\$
Australian Equities	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No <input type="checkbox"/>	\$
Patient Capital	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No <input type="checkbox"/>	\$
Payment is made to: Millinium's Multi-Strategy Fund Application A/C BSB:082401 Account: 892783783					Total	\$

[^] The Health Care investment option includes an investment in Millinium's Health Care Sub Trust and Millinium's Income Fund (as defined in the PDS) and is bound, or stapled, together and together comprises your investment. Please remit payment to: Fund BPO Pty Limited, GPO Box 4968, Sydney NSW 2001.

1.7 Nominated Account

Please remit my regular payments and any withdrawals to the account nominated below. Kindly 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.

Name of Institution	<input type="text"/>														
Branch	<input type="text"/>														
Account Name	<input type="text"/>														
BSB	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that if no Nominated account details are provided for receipt of your income distributions they will be automatically reinvested in the Cash investment option (see 1.6 above for more details).

1.8 Financial Planner Remuneration

Do you have a financial planner? Yes No

If your answer is "Yes," you and your financial planner need to complete this section to indicate how your financial planner will be paid for their services. Please mark one of the boxes to indicate the method of payment agreed with them on the next page.

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Adviser Fee	Amount (place X in box below)	Period
Upfront payment*	<input type="checkbox"/> 0.25% <input type="checkbox"/> 0.50% <input type="checkbox"/> 1% <input type="checkbox"/> 2% of investment amount; or \$ _____ or rebate any amount to investor <input type="checkbox"/>	<input type="checkbox"/> in total
Ongoing adviser service payment	\$ _____ or rebate any amount to investor <input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> in total

* This upfront payment only applies for the Health Care Option only.

1.9 Privacy

If you do not want to receive information on other products and services that may be of benefit to you, please tick the box below.

Investor 1 Yes No Investor 2 Yes No

Please see page 25 for details on privacy and personal information.

1.10 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 may still obtain an Annual Financial Report for the Fund from us.

1.11 Regular Investment Plan

Do you wish to have a Regular Investment Plan? (see page 18 of PDS for more details) Yes No

This means that after an initial investment of \$5,000, you can invest a minimum of \$100 per month. If you wish to establish a Regular Investment Plan, please complete the Direct Debit Request form accompanying this Application Form.

1.12 Investor status

Please mark (x) one or more classes under the category of retail, wholesale or sophisticated investor you meet for investment (see pages 6 and 8 of the PDS for more details).

- A retail investor.
- A person with net assets of at least \$2.5 million or gross income in the last 2 years of at least \$250,000 per year (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 deposit fund, 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 million (including any assets held by associates or under a trust that the person manages) ;
 - an exempt public authority;
 - a listed entity (i.e. 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.

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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.

1.13 Additional Customer Identity Verification

If your residential address is not in Australia or New Zealand, please advise details below.

1.13.1

Investor 1 or Sole trader

What is your occupation?

Please detail your
business activities.

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

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SECTION 2 - CUSTOMER IDENTITY VERIFICATION.

2.1A Australian Company - general details

i. Provide company details

Full name on ASIC register	
A.C.N.	

ii. What is the type of company?

<input type="checkbox"/> Public company	Go to 2.1A (iii) below.
<input type="checkbox"/> Proprietary company	Go to 2.1B below.

iii. Is the company one of the following:

<input type="checkbox"/> Licensed by an Australian Commonwealth, State or Territory statutory regulator); or	Go to 2.1C to AML/CTF certification and section 3 to finish.
<input type="checkbox"/> Australian listed company; or	Go to 2.1C to AML/CTF certification and section 3 to finish.
<input type="checkbox"/> Majority-owned subsidiary of an Australian listed company.	Go to 2.1C to AML/CTF certification and section 3 to finish.

2.1B Australian Proprietary Company (only) - general details

i. This section does NOT need to be completed for public and listed companies. Only complete this section if shareholdings are 25% or over for proprietary companies.

ii. No. of directors

iii. 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"/>

iv. Shareholder 1

Full Given Name (s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (PO Box in NOT acceptable): Street Name & Number:	<input type="text"/>		
Suburb	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>

Shareholder 2

Full Given Name (s)	<input type="text"/>	Surname	<input type="text"/>
Residential Address (PO Box in NOT acceptable): Street Name & Number:	<input type="text"/>		
Suburb	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>

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Shareholder 3

Full Given Name (s) Surname

Residential Address (PO Box in NOT acceptable): Street Name & Number:

Suburb

State/Territory Postcode Country

Shareholder 4

Full Given Name (s) Surname

Residential Address (PO Box in NOT acceptable): Street Name & Number:

Suburb

State/Territory Postcode Country

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:
Public company	<input type="checkbox"/> a search of the ASIC database; or
Proprietary company For proprietary companies the verification document must include, full name of company, registration details and A.C.N. and be signed by an authorised officer(s) of the company.	<input type="checkbox"/> a search of market/exchange database; or
	<input type="checkbox"/> certificate of registration from Australian regulator.
Please complete 2.1D also if Australian company is also a trustee, otherwise go to section 3 to finish.	

2.1D Australian Trust/Superannuation Fund

i. Is the trust or superannuation fund's trustee:

<input type="checkbox"/> Australian company; or	Go to 2.1D(ii) below and 2.1B (only if trust has an Australian company as trustee) then go to section 3 to finish.
<input type="checkbox"/> Individual trustee(s).	Go to 2.1D (iii) below and section 3 to finish.

ii. Is the trust/superannuation one of the following:

<input type="checkbox"/> registered managed investment scheme; or	Go to 2.1D (iv) to AML/CTF certification and section 3 to finish.
<input type="checkbox"/> regulated trust (e.g. SMSF); or	
<input type="checkbox"/> Government superannuation fund.	
<input type="checkbox"/> No, it is some Other trust (e.g family or charitable trust). Please detail: _____	Go 2.1D (iii) below to complete and section 3 to finish.

iii. If you marked Other trust above, please indicated how the trust deed identifies beneficiaries / unit holders:

	Surname	Full given name(s)	Unit holding/Class
1			
2			
3			
4			

Please attach further details to Application Form if more beneficiaries / unit holders.

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iv. Identity verification for Australian trusts/superannuation funds.

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:
Full name and type of trust or superannuation fund	<input type="checkbox"/> a search of regulator database (ATO/APRA or ASIC); or. <input type="checkbox"/> extract of legislation establishing government superannuation fund sourced from Government website.
Other trust Full name and type of trust or fund.	<input type="checkbox"/> extract of trust deed; or <input type="checkbox"/> notice issued by regulator within last 12 months.

v. If trustees are individuals of the Other trust please state:

Individual Trustee 1

Full Given Name (s)					Surname		
Residential Address (PO Box in NOT acceptable): Street Name & Number:							
Suburb							
State/Territory			Postcode			Country	
TFN or Exemption Number							

Individual Trustee 2

Full Given Name (s)					Surname		
Residential Address (PO Box in NOT acceptable): Street Name & Number:							
Suburb							
State/Territory			Postcode			Country	
TFN or Exemption Number							

Please attach further details to Application Form if more than 2 individual trustees.

vi. Identify verification for individual trustees Australian residents

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:
Australian Residents Provide full name; and Residential address or Date of Birth	Please provide one of the following Primary Documents: A. Primary Identification Document <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. B. Secondary Identification Document Only complete this part if you do not have a document from the Primary Identification Document section above. <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;

more over page ...

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	<p>AND ONE valid option from this section:</p> <p><input type="checkbox"/> A Commonwealth, State or Territory document within last 12 months that records the provision of financial benefits and residential address.</p> <p><input type="checkbox"/> An ATO document within last 12 months that records a debt payable and contains residential address.</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>
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Identity verification for individuals that are not Australian resident(s).

<p>Not Australian Residents Provide full name; and Residential address or date of birth.</p>	<p>Please provide one of the following Primary Documents: A. Primary Identification Document Copies of BOTH documents from this section must be presented:</p> <p><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</p> <p>OR if none of the above can be provided, please provide:</p> <p><input type="checkbox"/> Foreign driver's licence that contains a photograph and name and date of birth,* and <input type="checkbox"/> Citizen certificate issued by a foreign government containing a photograph and a signature of person in whose name the card was issued.</p> <p><small>*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.</small></p>
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2.1E Partnership

i. Country your partnership was established?

ii. Is the partnership regulated by a professional association?

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

Name of the professional association	<input style="width: 500px;" type="text"/>
Memberships details (eg., membership number)	<input style="width: 500px;" type="text"/>

No - Please provide full details below of ALL partners including the identity verification in section 2.1E(iii) on next page:

Partner 1

Full Given Name (s)		Surname	
Residential Address (PO Box in NOT acceptable): Street Name & Number:			
Suburb			
State/Territory		Postcode	Country
Telephone			

Partner 2

Full Given Name (s)		Surname	
Residential Address (PO Box in NOT acceptable): Street Name & Number:			
Suburb			
State/Territory		Postcode	Country
Telephone			

Please attach further details to Application Form if more than 2 individual partners.

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iii. Identity verification for Partnership.

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:
Full name of partnership	<input type="checkbox"/> up to date extract of partnership agreement; and <input type="checkbox"/> evidence to show partners signing application form is/are current partner(s).

iv. Identify verification for individual partners where they are Australian residents

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 	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 i and 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; 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 (×) which document(s) you have provided:
Full name of individual; and EITHER <ul style="list-style-type: none"> - Residential address of individual; or - Date of Birth 	Please provide one of the following Primary Documents: A. Primary Identification Document Copies of BOTH documents from this section must be presented: <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

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	<p>OR if none of the above can be provided, please provide:</p> <p><input type="checkbox"/> Foreign driver's licence that contains a photograph and name and date of birth,* and</p> <p><input type="checkbox"/> Citizen certificate issued by a foreign government containing a photograph and a signature of person in whose name the card was issued.</p> <p>*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.</p>
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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				
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

Certifier's Name Phone No.

Certifier's Address

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.

SECTION 3 - CONFIRMATIONS

3.1 Signature(s) and confirmations

- I/We have received and read the Product Disclosure Statement dated 23 February 2012 (as supplemented or amended from time to time).
- I/We agree to be bound by the provisions of the Funds' Constitution(s) (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 the investment options selected.

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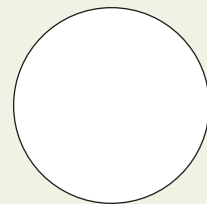
- I/We understand that, in applying for a Regular Investment Plan, I/we agree to be bound by the terms and conditions of the Regular Investment Plan that includes the Direct Debit Request Service Agreement terms and conditions.
- I/We understand that a person who gives another person access to this Application 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.
- 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 Application Form.
- I/We acknowledge that in relation to the Health Care investment option that:
 - my/our unit holding in the Health Care Unit and your Income Unit (as defined in the PDS) is bound, or stapled, together and together comprises my/our interest in the Health Care investment option so that neither can be severed from the other or dealt with separately in any way; and
 - I/we you may only deal with my/our interest in the Health Care investment option (including to transfer or redeem it) only in accordance with the PDS and any dealing otherwise will not be recognised by the Responsible Entity.

Investor 1	Name		Date (dd/mm/yy)	
	Signature		Capacity	

Investor 2	Name		Date (dd/mm/yy)	
	Signature		Capacity	

FINANCIAL PLANNER ONLY

Name		Account number	
AFSL holder		BSB number	
Referral source		Telephone	
Signature		Date	
AFSL holder stamp			(dd/mm/yy)



**Remit application plus payment to: FundBPO Pty Limited,
GPO Box 4968, Sydney, NSW 2001**

Direct Debit Request Form

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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	<input type="text"/>
Given names or ACN/ABN (you)	<input type="text"/>

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 details

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	<input type="text"/>	Account name	<input type="text"/>
BSB number	<input type="text"/>	Name of institution	<input type="text"/>
Branch	<input type="text"/>		

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	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

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	<input type="text"/>	Date (dd/mm/yy)	<input type="text"/>
Signature	<input type="text"/>	Date (dd/mm/yy)	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Direct Debit Request Form

Multi-Strategy Investment Options

(Company, Trust or Partnership)

Millinium Capital Managers Limited
ABN 32 111 283 357 AFSL No. 284336
Product Disclosure Statement dated 23 February 2012

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 02 8012 8650 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:
GPO Box 5090
Brisbane QLD 4001.

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.