

MASTERING WEALTH PERFORMANCE FUND Application Form



Investor Details

Name

<i>Given name & Surname or Trust or Company & ACN</i>	<i>Date of Birth</i>	<i>Tax File Number – We can obtain this later if you wish</i>
<i>Applicant 2 – (If Partnership or Joint Applicant)</i>	<i>Date of Birth</i>	<i>Tax File Number – We can obtain this later if you wish</i>

Contact Details

Postal Address

<i>Primary Contact Name</i>		<input checked="" type="checkbox"/> <i>Tick preferred contact option</i>
<i>Unit Number/Street Number</i>	<i>Street Name</i>	<input type="checkbox"/> <i>Home Telephone</i>
<i>Suburb</i>	<i>State</i>	<input type="checkbox"/> <i>Work Telephone</i>
<i>Postcode</i>		<input type="checkbox"/> <i>Fax</i>
<i>Email</i>		<input type="checkbox"/> <i>Mobile</i>

Investment Amount

\$

Please make your cheque payable to: **Berndale Securities Trust Account – Mastering Wealth Performance Fund**
For electronic deposits please refer to the opposite page.

Direct Credit Option

<i>Name of Institution</i>	<i>BSB</i>	<i>Account Number</i>	<i>Account Name</i>
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If you wish to access your monies you can nominate a bank account for us to credit instead of a cheque being posted to you.

Declaration and Signature

I have read a complete and unedited copy of the attached Product Disclosure Document and agree to be bound by the provisions of the Constitution. I agree and understand the terms used in the application form have the same meaning as in the Constitution. If signed under power of attorney I declare that I have no knowledge of the revocation of that power of attorney.

<i>Signature of Investor/Director/Attorney</i>	<i>Date</i>	<i>Company Seal (if applicable)</i>
<i>Signature of Investor/Director/Attorney</i>	<i>Date</i>	

Need Assistance? Phone +61 2 8850 5755 Fax +61 2 8850 4744