

ADDITIONAL APPLICATION FORM

Note: This form **cannot** to be used for an initial investment application, including existing Firetrail investors who want to invest in a different Firetrail fund. Please complete the Application Form and if applicable, include existing account number in section 1 of the Application Form.

Existing investors wishing to make additional investments into a Fund are encouraged to apply online via the Automatic Investor Portal Offers tab: <https://investor.automic.com.au/#/home>.

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

Holder (SRN) 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(s):

| Fund Name | APIR Code | Amount in \$ |
|--|-----------|--------------|
| Firetrail S3 Global Opportunities Fund (Managed Fund) -Class A units | WHT7794AU | |
| Firetrail S3 Global Opportunities Fund (Hedged) – Class A units | WHT4609AU | |

Minimum additional investment is \$5,000 per Fund, or as agreed with the Responsible Entity. .

Payment Details

EFT

| | |
|-----------------------------------|-----------------------|
| Currency | AUD |
| Country | Australia |
| Payee | Firetrail Investments |
| BSB: | 036 051 |
| Account Number: | 568821 |
| Deposit reference for EFT: | Your investor name |

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BPAY

Individual BPAY details are available on the Automic Investor Portal at <https://investor.automic.com.au/#/home> via the Offer tab. For investors submitting an additional application via BPAY, an additional investment form is not required. The registry will identify your funds against your BPAY customer reference number.

Authorisation

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:

Firetrail Investments Pty Limited
c/- Automic Group
GPO Box 2629
SYDNEY NSW 2001

Contact the registry

Email: Firetrail@automicgroup.com.au

Phone 1300 902 587

International: +61 2 7208 4521