



Artisan Global Discovery Fund

Additional Application Form

ARSN 640 687 529
APIR OPS8304AU

Section 1 - Investor details

Provide the investor number

Provide the full account name

Section 2 - Investment amount

Minimum additional investment is \$5,000

\$

Section 3 - Payment

Select payment method

Tick	Method	Instructions
<input type="checkbox"/>	EFT	<p>Account Name: NNL ANF Copia Investment Partners Ltd – Copia Application Account</p> <p>Account Number: 717-649-704</p> <p>BSB: 083-043</p> <p>Reference: Investor name or number</p>
<input type="checkbox"/>	Cheque	<p>Account name: NNL ANF Copia Investment Partners Ltd – Copia Application Account</p>
<input type="checkbox"/>	Direct-debit	<p>Domestic bank accounts only. Funds will be debited from your default bank account listed on file¹. By ticking this box you are confirming you agree to the direct-debit terms and conditions².</p>

EFT

Include a bank transfer receipt with this application

Account Name:
NNL ANF Copia Investment Partners Ltd – Copia Application Account

Account Number:
717-649-704

BSB:
083-043

Reference:
Investor name or number

Cheque

Account name:
NNL ANF Copia Investment Partners Ltd – Copia Application Account

Direct-debit

Domestic bank accounts only. Funds will be debited from your default bank account listed on file¹. By ticking this box you are confirming you agree to the direct-debit terms and conditions².

Section 4 - Declaration

By signing this form, you acknowledge and declare:

- I/we declare the form is complete and accurate
- I/we acknowledge that I/we have carefully read and understood the current Product Disclosure Statement (PDS) in its entirety and agree to be bound by the provisions of the Fund's constitution (as amended) and any other additional obligations or restrictions contained in the PDS.
- I/we understand that Copia may contact me for further information before processing this form.

Signatories must match those held on file. More than one signature may be required.

Signature

Name

Position

Date

Signature

Name

Position

Date

Return the signed form

Forms received prior to 2pm will be reviewed the same day. You can return the form by:

Email copia_transactions@unitregistry.com.au

Fax +61 3 9642 0066

Post GPO Box 804, Melbourne Vic 3000

Enquiries

The Copia Client Services Team is available between 8.30am and 5pm (AEST). The office is open Monday to Friday except on Victorian public holidays.

1800 442 129 | clientservices@copiapartners.com.au

¹ You are obligated to keep your bank details up to date. By making this selection, you are confirming the bank details held on file are correct.

² I/We request and authorise OneVue Fund Services Pty Ltd ABN 18107 333 308 (User ID 411595) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by OneVue. You have understood and agreed to the terms and conditions governing the debit arrangements in the Direct Debit Request Service Agreement, a copy of which is available at onevue.com.au.