

DDH Investment Access Funds

Investor Forms

- Application Form
- Regular Savings Plan - Direct Debit Form
 - Additional Investment Form
 - Switching Form

Need assistance in completing any of the forms?

Contact the Fund Services team

Freecall: 1800 226 174

or

Email: investments@ddhgraham.com.au

Application Form continued

4 Name of Company or Corporate Trustee of Trust or Superannuation Fund

Name of Company or Corporate Trustee																								
Account designation	<																							A/C>
	i.e. name of trust / superannuation fund																							
ABN (if applicable)																								
Contact name																								

5 What are your contact details?

Residential address																																	
													State							Postcode													
Home phone	()													Work phone	()												
Postal address*																																	
													State							Postcode													
	* If different to residential address above																																
	Non residents - please provide an international address in addition to the above address																																
Residential address																																	
													State							Postcode/zipcode													
Country of residence																																	
Home phone	()													Work phone	()												
Email address																																	

6 How would you like us to act on your instructions?

(a) Please select **one** or more of the following options (if you do not select an option, we will only accept instructions via letter).

- Letter** - Only your original, written instructions will be acted on.
- Facsimile** - Your faxed written instructions or originals will be acted on. Refer to page 34 of the PDS for the terms and conditions.
- Both of the above** - Your written and facsimiled instructions will be acted on.

(b) For joint unitholders only.

- We will accept instructions, including a request for withdrawal from either (any) party, unless you indicate otherwise in the box.

7 Would you like to receive a copy of the Fund's Annual Financial Report?

Tick the following box if you would like to receive a copy of the Annual Financial Report for the Funds.

- Yes

At any stage you can request the latest copy of the financial annual reports or the half-yearly financial reports for the Funds via:

- our **Fund Services team** on **1800 226 174**
- email **investments@ddhgraham.com.au** and a copy will be emailed to you free of charge.

The Annual Financial Reports for the Funds are also available via our website at **www.ddhgraham.com.au**

8 Which Fund(s) would you like to invest in?

Funds (minimum \$2,000 or \$500 with regular savings plan*)	\$ Amount
DDH Conservative Growth Fund	\$.
DDH Balanced Growth Fund	\$.
DDH Aggressive Growth Fund	\$.
DDH Australian Shares Fund	\$.
DDH Australian Equities Fund (active)	\$.
DDH Australian Small Companies Fund	\$.
DDH Fixed Interest Fund	\$.
DDH Global Fixed Interest Alpha Fund	\$.
DDH Cash Fund	\$.
Your total investment comes to:	\$.

* If you wish to start a regular savings plan, please complete section 9 below and the Direct Debit Request Form.

9 In addition to this investment, do you wish to start a savings plan?

Please select **one** of the following options (if you do not select an option we will assume that you do not wish to start a savings plan).

Yes Please complete the Direct Debit Request Form.
Note: Your initial investment must be paid by cheque or by electronic funds transfer.

No

10 How would you like to receive your income distributions?

Please select **one** of the following options (if you do not select an option we will assume you have selected option (a)).

(a) Reinvest income in additional Units

or **(b) Pay income into your DDH/Bank of Queensland Money Market Deposit Account**
(this option is only open to existing Money Market Deposit Account Holders).

Account number **9 9 8 7**

or **(c) Pay income directly into bank or financial institution account in Australia other than (b) above**
(please complete details below).

Name of financial institution

Address of financial institution

Account name with financial institution (e.g. JOHN SMITH) A/C>

BSB (branch number) -

Account number

11

What is your Tax File Number, Australian Business Number or exemption?

If you choose not to quote your Tax File Number (TFN)/Australian Business Number (ABN) nor claim an exemption, we are required to deduct tax at the highest marginal tax rate plus Medicare levy from any income payable to you. If provided, your TFN will apply automatically to any future investment in the Funds or switches to other DDH Investment Access Funds unless you indicate otherwise. You can choose not to quote your TFN/ABN or claim an exemption. Declining to quote a TFN is not an offence. We are authorised to receive tax file information under tax law. For more information about TFNs/ABNs please call your nearest tax office.

Investor 1	TFN	<input type="text"/>	ABN	<input type="text"/>
Investor 2	TFN	<input type="text"/>	ABN	<input type="text"/>

Or (select one of the following and fill in the appropriate TFN/ABN details)

<input type="checkbox"/> Partnership	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Superannuation Fund
TFN	<input type="text"/>	ABN	<input type="text"/>

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution.

Applicants in the name of a trustee on behalf of a minor should quote their TFN.

<input type="checkbox"/> Child under 18. Note that the Funds do not accept investments directly in the name of a minor. Applicants can only be accepted in the name of a trustee.	<input type="checkbox"/> Recipient of another type of pension - wife, carer, widow, sole parent, special benefit.
<input type="checkbox"/> Recipient of age, invalid, service or veteran's pension.	<input type="checkbox"/> Organisation not required to lodge tax return.
	<input type="checkbox"/> Non-resident of Australia.

12

Applicant acknowledgement and signature(s) ALL APPLICANTS MUST COMPLETE THIS SECTION

(a) Applicant acknowledgement

I/We agree to be bound by the provisions of the Constitution that governs the Fund in which I/we apply to invest as amended from time to time.

I/We have read the Product Disclosure Statement dated 1 July 2009.

I/We agree that if we use the facsimile service I/we will be bound by the terms and conditions applicable to the facility as set out in the PDS, as amended from time to time.

I/We acknowledge that DDH Graham Limited ("DDH") may accept instruction from any one investor in a joint unitholding, unless I/we have specified otherwise on this Application Form.

I/We acknowledge and agree to promptly repay any withdrawal, distribution or other payment notified by the Responsible Entity to me/us as being made in error.

I/We understand that information concerning me/us collected from any source, including any information:

- contained in this Application Form
- contained in the AML/CTF Checklist or provided with that form
- relating to the outcome of this application
- relating to my death or insolvency
- which otherwise incorporates any DDH references for any of my/our accounts with DDH

may be made available or used by my/our adviser whose details appear on this form, DDH or any entity carrying out functions on behalf of DDH for the purposes of:

- enabling DDH to process my/our application and administer the products or services DDH supplies to me/us
- DDH offering other services or products which may be of interest to me/us unless I/we request in writing that DDH does not do so
- prevention and detection of money laundering and terrorist financing
- verifying my/our identity and customer due diligence purposes, or
- any other purpose authorised by law.

I/We also understand that:

- failure to provide information required in this application may affect the success of this application or any further application I/we may make to DDH.

- I/We can amend any personal information that DDH holds about me/us or find out what information DDH holds about me/us, by contacting the Privacy Officer, DDH Graham Limited, GPO Box 330, Brisbane Qld 4001 at any time in writing.
- while DDH will take all reasonable steps to protect information that I/we provide, DDH cannot guarantee the security of certain types of information provided by me/us (for example over the internet or by email).

I/We hereby consent for DDH to collect, retain, use, store and disclose such information as detailed above.

I/We hereby certify that I/we am/are not a foreign shell bank (a bank that does not maintain a physical presence in any country).

I/We hereby certify that I/we am/are not a US Person(s) (as defined below) nor do I/we act on behalf of or for the benefit of any US Person and I/we agree to notify DDH immediately if I/we become a US Person. Further, I/we understand and agree that the Units described in the PDS may not be offered to a US Person (as defined below) and I/we will not, subject to the discretion of DDH, at any time cause my/our Units to be sold or transferred, directly or indirectly to or for the benefit of a US Person.

US Persons include:

- (a) any natural person resident in the United States;
- (b) any partnership or corporation organised or incorporated under the laws of the United States;
- (c) any estate of which any executor or administrator is a US Person;
- (d) any trust of which any trustee is a US Person;
- (e) any agency or branch of a foreign entity located in the United States;
- (f) any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a US Person;
- (g) any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organised, incorporated or (if an individual) resident in the United States; and

12 Applicant acknowledgement and signature(s) ALL APPLICANTS MUST COMPLETE THIS SECTION continued

(a) Applicant acknowledgement continued

(h) any partnership or corporation if (a) organised or incorporated under the laws of any foreign jurisdiction and (b) formed by a US Person principally for the purpose of investing in securities not registered under the *US Securities Act of 1933*, as amended, unless it is organised or incorporated, and owned, by 'accredited investors' (within the meaning given to such term in Regulation D under the Securities Act) who are not natural persons, estates or trusts.

I/We certify that I/we received the PDS in Australia and have completed this Application Form in Australia.

(b) Applicant signature(s)

1st Individual applicant OR director OR office bearer (company signatories must include their company title)

Capacity (if company) Director Sole director and sole secretary

Signature **SIGN HERE** Date signed D D M M Y Y Y Y

Full name

2nd Joint individual applicant OR director/secretary OR office bearer (company signatories must include their company title)

Capacity (if company) Director Secretary

Signature **SIGN HERE** Date signed D D M M Y Y Y Y

Full name

3rd Joint individual applicant

Signature **SIGN HERE** Date signed D D M M Y Y Y Y

Full name

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to DDH Graham Limited.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- Applications by clubs, charities, churches or unincorporated bodies must be signed by the authorised office bearers (e.g. A. Smith - President) and a copy of the Constitution/Rules attached.

Regular Savings Plan - Direct Debit Form *continued*

4 Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and DDH Graham Limited as set out in this Request and in your Direct Debit Request - Service Agreement (see the current Product Disclosure Statement and any Supplementary Product Disclosure Statements).

	Investor 1 or company officer	Investor 2 or company officer
Company title	Company signatories must indicate their company title <input type="checkbox"/> Director <input type="checkbox"/> Sole director and sole secretary	Company signatories must indicate their company title <input type="checkbox"/> Director <input type="checkbox"/> Sole director and sole secretary
Signature	<input type="text" value="SIGN HERE"/>	<input type="text" value="SIGN HERE"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>

Return your completed Direct Debit Form to:

DDH Graham Limited
Reply Paid 330
Brisbane QLD 4001

Additional Investment Form continued

7 Applicant acknowledgement and signature(s) ALL APPLICANTS MUST COMPLETE THIS SECTION continued

(b) Applicant signature(s) continued

3rd Joint individual applicant

Signature	SIGN HERE												Date signed	D	D	M	M	Y	Y	Y	Y
Full name																					

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to DDH Graham Limited.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- Applications by clubs, charities, churches or unincorporated bodies must be signed by the authorised office bearers (e.g. A. Smith - President) and a copy of the Constitution/Rules attached.

8 Advisers only are to complete the following section

Contribution fee

Please specify the contribution fee the applicant is to pay on investment in the Fund(s) with a contribution fee payable.

Initial entry fee (GST inclusive). If no amount is nominated, the default will apply.

0% (default)
 1.1%
 2.2%
 3.3%
 Other
 % Note: Maximum fee is 3.3%

ADMINISTRATION USE ONLY

Adviser stamp

Ongoing Adviser Service fee

Please specify the ongoing adviser service fee the applicant is to pay from their investment in the Fund(s).

Ongoing adviser service fee (GST inclusive). If no amount is nominated, the default will apply.

0% (default)
 1.1%
 2.2%
 Other
 % Note: Maximum fee is 2.2%

Rep Code

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Adviser name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser telephone number ()

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGN HERE

Return your completed Application Form along with your cheque (unless paying by electronic funds transfer) to:

**DDH Graham Limited
Reply Paid 330
Brisbane QLD 4001**

DDH Investment Access Funds Switching Form



This Switching Form relates to the DDH Investment Access Funds (the 'Funds') Product Disclosure Statement dated 1 July 2009. Units in the Funds are issued by DDH Graham Limited ABN 28 010 639 219 holder of Australian Financial Services Licence Number 226319. This Switching Form must not be handed to any person unless included or accompanied by the PDS. The PDS contains important information about investing in Units in the Funds. It is advisable to read the PDS before applying for these Units. A person who gives another person access to this Switching Form must at the same time, and by the same means, give the other person access to the PDS. We will send you a paper copy of the PDS on request without charge.

OFFICE USE ONLY	
Date:	Time:

1 Please provide your current DDH Graham Limited investor number

Investor number

2 Have your contact details changed?

I/We... First names

of (please fill in your new contact details, only if they have changed since you last provided us with your contact details).

Residential address

Home phone () Work phone ()

Postal address*

State Postcode

State Postcode

hereby request that you switch from my/our holding in accordance with the following instructions.

3 Where would you like to switch Funds?

Please select the Fund you wish to switch from:				Please select the Fund you wish to switch to:		
All Units	\$ Amount	No. of Units	Funds (minimum \$500)	Full amount	\$ Amount*	%
	\$.		DDH Conservative Growth Fund		\$.	
	\$.		DDH Balanced Growth Fund		\$.	
	\$.		DDH Aggressive Growth Fund		\$.	
	\$.		DDH Australian Shares Fund		\$.	
	\$.		DDH Australian Equities Fund (active)		\$.	
	\$.		DDH Australian Small Companies Fund		\$.	
	\$.		DDH Fixed Interest Fund		\$.	
	\$.		DDH Global Fixed Interest Alpha Fund		\$.	
	\$.		DDH Cash Fund		\$.	
Total	\$.			Total	\$.	100%

* Note that if this is the initial, start-up investment into a new Fund the amount must be a minimum of \$2,000. If a regular savings plan is started (complete the Direct Debit Request Form) then the minimum investment is reduced to \$500.
If this is an initial, start-up investment into a new Fund, please complete section 4.

4 How would you like to receive your income?

Please select **one** of the following options (if you do not select an option we will assume you have selected option (a)).

	<input type="checkbox"/>	(a) Reinvest income in additional Units
or	<input type="checkbox"/>	(b) Pay income into your DDH/Bank of Queensland Money Market Deposit Account (this option is only open to existing Money Market Deposit Account Holders).
Account number	9 9 8 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
or	<input type="checkbox"/>	(c) Pay income directly into bank or financial institution account in Australia other than (b) above (please complete details below).
Name of financial institution	<input type="text"/>	
Address of financial institution	<input type="text"/>	
Account name with financial institution (e.g. JOHN SMITH)	<input type="text"/> A/C>	
BSB (branch number)	<input type="text"/> - <input type="text"/>	
Account number	<input type="text"/>	

5 Applicant acknowledgement and signature(s) ALL APPLICANTS MUST COMPLETE THIS SECTION

(a) Applicant acknowledgement

I/We agree to be bound by the provisions of the Constitution that governs the Fund in which I/we apply to invest as amended from time to time.

I/We have read the Product Disclosure Statement dated 1 July 2009.

I/We agree that if we use the facsimile service I/we will be bound by the terms and conditions applicable to the facility as set out in the PDS, as amended from time to time.

I/We acknowledge that DDH Graham Limited ("DDH") may accept instruction from any one investor in a joint unitholding, unless I/we have specified otherwise on this Application Form.

I/We acknowledge and agree to promptly repay any withdrawal, distribution or other payment notified by the Responsible Entity to me/us as being made in error.

I/We understand that information concerning me/us collected from any source, including any information:

- contained in this Application Form
- contained in the AML/CTF Checklist or provided with that form
- relating to the outcome of this application
- relating to my death or insolvency
- which otherwise incorporates any DDH references for any of my/our accounts with DDH

may be made available or used by my/our adviser whose details appear on this form, DDH or any entity carrying out functions on behalf of DDH for the purposes of:

- enabling DDH to process my/our application and administer the products or services DDH supplies to me/us
- DDH offering other services or products which may be of interest to me/us unless I/we request in writing that DDH does not do so
- prevention and detection of money laundering and terrorist financing
- verifying my/our identity and customer due diligence purposes, or
- any other purpose authorised by law.

I/We also understand that:

- failure to provide information required in this application may affect the success of this application or any further application I/we may make to DDH.
- I/We can amend any personal information that DDH holds about me/us or find out what information DDH holds about me/us, by contacting the Privacy Officer, DDH Graham Limited, GPO Box 330, Brisbane Qld 4001 at any time in writing.

- while DDH will take all reasonable steps to protect information that I/we provide, DDH cannot guarantee the security of certain types of information provided by me/us (for example over the internet or by email).

I/We hereby consent for DDH to collect, retain, use, store and disclose such information as detailed above.

I/We hereby certify that I/we am/are not a foreign shell bank (a bank that does not maintain a physical presence in any country).

I/We hereby certify that I/we am/are not a US Person(s) (as defined below) nor do I/we act on behalf of or for the benefit of any US Person and I/we agree to notify DDH immediately if I/we become a US Person. Further, I/we understand and agree that the Units described in the PDS may not be offered to a US Person (as defined below) and I/we will not, subject to the discretion of DDH, at any time cause my/our Units to be sold or transferred, directly or indirectly to or for the benefit of a US Person.

US Persons include:

- any natural person resident in the United States;
- any partnership or corporation organised or incorporated under the laws of the United States;
- any estate of which any executor or administrator is a US Person;
- any trust of which any trustee is a US Person;
- any agency or branch of a foreign entity located in the United States;
- any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a US Person;
- any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organised, incorporated or (if an individual) resident in the United States; and
- any partnership or corporation if (a) organised or incorporated under the laws of any foreign jurisdiction and (b) formed by a US Person principally for the purpose of investing in securities not registered under the *US Securities Act of 1933*, as amended, unless it is organised or incorporated, and owned, by 'accredited investors' (within the meaning given to such term in Regulation D under the Securities Act) who are not natural persons, estates or trusts.

I/We certify that I/we received the PDS in Australia and have completed this Application Form in Australia.

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