

ADDITIONAL INVESTMENT FORM

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

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

Account number _____

Account name _____

Fund Information

Please accept this additional investment request with respect to my/our investment in the below fund(s):

Fund Name	Amount in \$
Solaris Australian Equity Long Short Fund	

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

Payment Details

Payment Method:

- Electronic Funds Transfer, or
 Cheque

Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT'):

EFT:

Currency	AUD
Country	Australia
Payee	RBCIS SOLARIS [Investor Name]
BSB:	012-003
Account Number:	836 946 146
Deposit reference for EFT: Please quote your deposit reference number	

Cheque: Cheques should be crossed "Not Negotiable" and made payable to: **RBCIS SOLARIS [Investor Name]**

Please note that you will incur a fee if your cheque is dishonoured.

Authorisation

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and any 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 _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Signature _____
Full Name _____
Capacity: (e.g. director, trustee) _____

Date ____/____/____

Post:
[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
GPO Box 4471
SYDNEY NSW 2001

OR

Fax:
[Fund Name]
C/- RBC Investor Services Trust – Registry Operations
+612 8262 5492