

Account Number

Internal use only

# Application Form



**LIHIR INVESTMENT FUND**

## 1. PERSONAL DETAILS

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Village: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_

## 2. APPLICATION

I apply for \_\_\_\_\_ Units at a price of K1.00 per Unit.

## 3. BANK ACCOUNT DETAILS

I nominate the following account for all payments:

Bank	Branch	Account Name	BSB	Account Number

## 4. NOMINEE DETAILS

I nominate the persons below to receive payments, and my Units, in event of my death:

Name of Nominee	Date of Birth	Relationship to Member	Name of Guardian*	Age of Guardian	Guardian's Relationship to Nominee	Proportion (%)

If you require more spaces for nominees, please contact us at [lif@mrlcapital.com.pg](mailto:lif@mrlcapital.com.pg) before completing your application.

This application is subject to the terms of this Prospectus and the Trust Deed, which I agree to be bound by. This Application Form has been signed, sealed and delivered by me to the Trustee as my acknowledgement of the terms of the investment made on your behalf. After this application has been approved and accepted by the Trustee and Units have been issued to me, these terms and conditions become effective and are legally binding.

Signed by the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

## 5. APPLICATION OF BENEFICIARY SAVINGS (OPTIONAL)

I authorise MRL Funds Management to apply an amount not exceeding the full value of my beneficiary savings balance to my application for units (or the amount specified below, if any):

K \_\_\_\_\_

\_\_\_\_\_  
Signed by the Applicant

## 6. APPLICATION TO REINVEST (OPTIONAL)

I authorise MRL Capital and MRL Funds Management to reinvest 20% of my annual distribution from the Lihirians Equity Trust into Units on an ongoing basis, subject to availability of Units and in the discretion of the Trustee.

\_\_\_\_\_  
Signed by the Applicant