



THIRD PARTY AUTHORISATION FORM

Please complete in black or blue pen and use CAPITAL letters.

Fund Name: Smallco Investment Fund Smallco Broadcap Fund Both

1. Investor Details

Investor Name:

Investor Number:

Contact Details

Contact name: Contact phone:

Contact email:

2. Third Party Details

IMPORTANT INFORMATION: this form allows the nominated third party to access information relating to the above investor. The third party will not be allowed to transact on behalf of the investor or change any details.

Company Name:

Contact person: Telephone:

Email:

Address :

3. Authorisation

I/we instruct Smallco to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/we provide to Smallco will be collected and handled in accordance with Smallco's privacy policy, a copy of which can be posted / emailed to us if we contact Smallco on +612 8256 1000 or smallco@smallco.com.au. By submitting this form or any other paperwork relating to my/our investment I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.

Signature

Signature

Print Name

Print Name

Title (circle) Individual / Sole Director/
Director/ Trustee

Title (circle) Individual / Sole Director/
Director/ Trustee

Date

Date

4. Completed Form

Please return the completed form to:

- fax number (02) 8256 1010, or
- scan and email this request to smallco@smallco.com.au, or
- post to Smallco Investment Manager, GPO BOX 4564, SYDNEY NSW 2001

If you have any questions about this form please contact us on (02) 8256 1000 or smallco@smallco.com.au