

## **Application for Additional Units**

Commonwealth Investment Funds

Please use BLACK PEN and BLOCK LETTERS when completing this form					
Section 1 – Investor details	(to be completed in all cases	s)			
Account number					
Investor 1 Title Given name	ne(s) Surname				Date of birth
Company name/Other invest	Company name/Other investors Daytime telephone Evening telephone Mobile				e telephone
	( )	(	)		
Postal address				Chata	Destende
State					Postcode
Email Address					
Title Given name(s) Surname					Date of birth
					DD/MM/YYYY
Company name/Other invest	ors Daytime telephone	Eve	ning telephone	Mobil	e telephone
	( )	(	)		
Postal address				State	Postcode
Email Address				Oluie	
Section 2 – Investment amo	bunt				
1 The minimum additional in		to (Colonial Firm	Chata las catura auto Linai		nu caltle Annliantiana Ananunt'
3 All cheques should be in A	not negotiable' and made payable ustralian dollars.	e lo Coloniai firs	. State investments Limi	lea – Commo	nwealth Applications Account.
4 All accepted application m	onies require four business da	ys for clearanc	e.		
0101 Australian Share Fund	\$	0107	Growth Fund	9	8
0103 Balanced Fund	\$	0108	Income Fund		8
0105 Share Income Fund 0106 Bond Fund	<u>\$</u>	0110	International Share F Property Securities F		6
0106 Bona runa			Froperty Securities I	Total	
Signature 1	Date	Signa	iture 2		Date
	D D / M M / Y Y				DD/MM/YYYY
$\wedge$					
How to invest: Customer Instructions.					
You may lodge this Application for Additional Units by mailing this form and your cheque to:					
Commonwealth Investment Funds PO Box 340					
Silverwater NSW 2128					
We can only process your application when we receive a completed application form and your investment amount at our					
principal office of administration.					
Financial Planner/Adviser use only					
Adviser name Adviser ID					
Phone number	Fax number	Mobile telep	hone		
( )	(				