



Perpetual's Monthly Income Fund

Product Disclosure Statement No. 2 dated 1 June 2006

Perpetual Investment Management Limited ABN 18 000 866 535 AFSL 234426

Application for additional investments

Please check 'Additional investment' on page 10 of the PDS, to determine if you can use this form. Please read the important notes and instructions on page 2 of this form. Complete in black ink using BLOCK letters.

1. Investor details (must be completed)

Client number	<input type="text"/>	Account number	<input type="text"/>
Account Name	<input type="text"/>		

2. Contact details

<input type="checkbox"/>	My/Our contact details have not changed. Please proceed to section 3.		
C/- (if applicable)	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	State	Postcode	
Country	<input type="text"/>		
Phone (after hours)	Phone (business hours)		<input type="text"/>
Mobile	Fax		<input type="text"/>
Email – Investor 1	<input type="text"/>		
Email – Investor 2	<input type="text"/>		

3. Additional investment details

- Additional investments paid by cheque must be a minimum of \$1,000.
- Additional investments must be paid by cheque – made payable to 'PIML – PIFS – [insert name(s) of applicant(s)]'

Total additional investment	\$ <input type="text"/>	in Perpetual's Monthly Income Fund (APIR code: PER0002AU)
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4. Declaration and applicant signature(s) (must be completed)

I/We have read the Product Disclosure Statement (PDS) for Perpetual's Monthly Income Fund and agree to be bound by the provisions of the Fund's constitution and any other additional restrictions contained in the PDS.

Signature	<input type="text"/>	Date	<input type="text"/>	
Full name	<input type="text"/>			
Capacity	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary (company investments only)	
Signature	<input type="text"/>	Date	<input type="text"/>	
Full name	<input type="text"/>			
Capacity	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary (company investments only)		

Please read 'Important notes' overleaf.



Perpetual's Monthly Income Fund

Application for additional investments (continued)

Important notes please read

- Receipt of additional investments: Applications for additional investments received and accepted by Perpetual by 3.00pm (Sydney time) on any business day (being a day other than Saturday, Sunday, or bank or public holiday in NSW) will earn income from that day. Additional applications received after 3.00pm Sydney time will earn income on the next business day.
- Accounts in joint names must be signed by all parties.
- Applications (and withdrawals) by companies must be signed by an authorised representative or in accordance with the company's constitution or under Power of Attorney.
- In relation to trust investors – only the trustee has rights and obligations under the Fund.
- If signed under Power of Attorney, the Attorney hereby certifies that he or she has not received notice of revocation of that Power. The Power of Attorney, or a certified copy, must be sent to Perpetual if not previously provided.
- For enquiries or a copy of the current PDS, call Perpetual toll free on 1800 022 033 during business hours (Sydney time); visit www.perpetual.com.au or email investments@perpetual.com.au
- Joint applicants will be assumed to be joint tenants unless otherwise specified.
- Perpetual has an absolute discretion to accept or reject any application.

Forward your completed form and cheque to your financial adviser or deliver to Perpetual's Sydney office at Level 12, Angel Place, 123 Pitt Street, Sydney NSW 2000. Alternatively, you can post the form and cheque to the address below. (No stamp required if posted in Australia.)

Reply Paid 4171
Perpetual Limited
Perpetual's Monthly Income Fund
GPO Box 4171
Sydney NSW 2001

Adviser use only

Please indicate (tick) your choice of Commission Option. If no selection is made, Commission Option 1 will be assumed – see page 17 of the PDS for more details.

<input type="checkbox"/>	Option 1 – Ongoing commission	<input type="checkbox"/>	Option 2 – Initial commission
Name of Adviser			
Postal address			
Suburb	State	Postcode	
Phone	Phone (business hours)		
Mobile	Fax		
Email			
[1] Perpetual Adviser number			
OR [2] a. Dealer group AND			
b. Dealer branch*			
<small>*City or suburb of the dealer group office you operate through</small>			
Adviser signature			Date <input type="text"/> / <input type="text"/> / <input type="text"/>

**ADVISER
STAMP**

InvestmentLink information

- IL GN / / (Group)
- IL GN / / (Office)
- IL AN / / (Adviser)
- IL CN / / (Client)