

Additional Deposit Form

Octagon Investment Funds

If you have any questions regarding this form, please contact Octagon Investment Funds on 0800 628 246.

Account Number: Please note your Octagon account number can be up to ten characters long.

Account Number:

Mr
 Ms
 Mrs
 Miss
 Dr

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Full Name:

Deposit

Please credit \$ to the Investment Fund(s) detailed below.

Fund	Dollar Value
<input type="radio"/> Enhanced Cash Fund:	\$ <input type="text"/>
<input type="radio"/> New Zealand Equities Fund:	\$ <input type="text"/>
<input type="radio"/> Australian Equities Fund:	\$ <input type="text"/>
<input type="radio"/> Listed Property Fund:	\$ <input type="text"/>
<input type="radio"/> Global Equities Fund:	\$ <input type="text"/>
<input type="radio"/> New Zealand Fixed Interest Fund:	\$ <input type="text"/>
<input type="radio"/> Income Fund:	\$ <input type="text"/>
<input type="radio"/> Balanced Fund:	\$ <input type="text"/>
<input type="radio"/> Growth Fund:	\$ <input type="text"/>

Agreement and Signature

Name:

Signature:

Date:

DAY MONTH YEAR

Name:

Signature:

Date:

DAY MONTH YEAR

Name:

Signature:

Date:

DAY MONTH YEAR

OFFICE USE ONLY
Upon receipt of this client instruction, please enter directly into the Investment Funds App. Please scan a copy to client notes for your reference.

