CIML

ADDITIONAL UNIT APPLICATION FORM

JANA DIVERSIFIED INFRASTRUCTURE TRUST
APIR: CHN8832AU

Channel Investment Management Limited ACN : 163 234 240 AFSL:439007

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

If you require any information regarding your investments, please contact: clientservices@ciml.com.au

This additional unit application form is for existing investors in the JANA Diversified Infrastructure Trust (ARSN 654 582 135) ('the Trust') who wish to apply for additional units in the Trust. The additional investment amount will be added to your existing investment in the Trust.

You should read the IM to which this application relates issued by Channel Investment Management limited ACN 163 234 240 AFSL 439007 before completing this additional unit application form.

Section 1. Investor Identification

Investor Reference Number

Full name(s) of Registered Holding

Registered Address

Suburb

State

Postcode

Section 2. Investment Amount

Additional Investment Amount $ 0 0 0 . 0 0

Section 3. Declaration And Authorisation

I/We have read and understood the IM to which this application relates and the declarations conditions and acknowledgements contained under Part D 'Investor Declaration' of the Application Form and agree that they are incorporated in this declaration.

I/We agree, acknow1edge and accept them and declare that all the details given in this application are true and correct.

I/We have received personally a complete and unaltered IM prior to completing the Additional Unit Application Form.

I/We certify that if we are signing under a power of attorney the power of attorney has not been revoked.

Investor 1

Date / /

Name

Capacity (i.e. Individual/Trustee/Director/Secretary/Partner)

Investor 2

Date / /

Name

Capacity (i.e. Individual/Trustee/Director/Secretary/Partner)

Section 4. Payment Details

BSB	Account Number	Account Name	Reference
082-401	716 912 275	JANA Diversified Infrastructure Trust Application Account	Please provide the Investor Name as a reference.

Return form

If you have any questions in relation to this form, please call **CIML Client Services** on **1800 940 599**

Please complete this form and return to: **clientservices@ciml.com.au**

Post to:
CIML Client Services
GPO Box 206, Brisbane, QLD 4001