

Initial Application Form

The Trust Company (RE Services) Limited
Forager Australian Shares Fund ABN 41 292 001 898

Welcome to the Forager Australian Shares Fund application form.

This Initial Application Form relates to a Product Disclosure Statement dated 9 July 2025 ("PDS") issued by The Trust Company (RE Services) Limited ABN 45 003 278 831 AFSL 235150, for the offer of units in the Forager Australian Shares Fund ("Fund"). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form.

Please finalise your investment by executing a bank transfer. Applications will not be finalised until application monies are received.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Application Form.

If you are a new investor, or if you are an existing Unitholder(s) and this investment is NOT in the same name(s) and fund as your existing account, please complete the sections of this Initial Application Form and the identification Forms noted below in Section 1. If you have not been provided with the identification form with this application you can obtain this at www.foragerfunds.com

Submit your application

Email: forager@automicgroup.com.au

Questions: Please contact Automic Group

Apply Online: You can also apply online. Applying online is the easiest and fastest way to apply for this Fund. For more information, please visit <https://apply.automic.com.au/FASF>

1. Consumer attributes

Please confirm what category of investor you are. You must select one option.
Failure to complete this will result in your application being rejected:

Wholesale Investor (as defined by section 761G of the Corporations Act 2001). If yes, please proceed to **section 2**.

Platform Provider. If yes, please proceed to **section 2**.

A Retail investor (as defined in the Corporations Act) that has received personal financial advice in respect to the Fund. You must ensure your Financial Adviser details are provided in section 7. We will be unable to process your application unless this section is completed. Please proceed to **section 2**.

A Retail investor (as defined in the Corporations Act) who has not received personal financial advice in respect of the Fund. Please complete the remaining part of this section before proceeding to **section 2**.

To assist the RE in meeting the Design and Distribution Obligations (DDO) you are required to indicate your consumer attributes in response to each of the questions set out below. Please ensure all questions are completed and you must select only one answer for each question otherwise your application will be rejected. These attributes should reflect your current objectives, financial situation and needs.

WARNING: If unsure on how to complete, we recommend you seek financial advice.

<p>What is your primary investment objective?</p> <p>Capital Growth</p> <p>Capital preservation</p> <p>Income distribution</p>	<p>What is your investment time horizon?</p> <p>Up to and including 2 years i.e. Short term</p> <p>More than 2 years but less than 5 years i.e. Medium term</p> <p>Equal to 5 years but less than 7 years i.e. Medium to long term</p> <p>Equal to 7 years or more i.e. Long term</p>
<p>What is your intended use of this investment in your over all investment portfolio?</p> <p>Solution/Standalone (up to 100%)</p> <p>Major allocation (up to 75%)</p> <p>Core component (up to 50%)</p> <p>Minor allocation (up to 25%)</p> <p>Satellite component (up to 10%)</p>	<p>What do you anticipate your withdrawal needs?</p> <p>Within one week of request</p> <p>Within one month of request</p> <p>Within three months of request</p> <p>Within 1 year of request</p> <p>Within 5 years of request</p> <p>Within 10 years of request</p> <p>10 years or more</p>
<p>What is your tolerance for risk (able to bear loss)?</p> <p>Extremely High</p> <p>Very high</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Where did you hear about the Fund?</p> <p>Financial Adviser</p> <p>Platform</p> <p>Research House</p> <p>Other please specify</p>

2. Investor type

Investor Type		Complete Sections	Please complete the required Identification Form and provide certified copies of the identification requested on the Identification Form
Individual and Joint investors	A natural person or persons.	2,3,4,5,6,7 & 8	Form A - Individuals
Sole trader	A natural person operating a business under their own name with a registered business name.	2,4,5,6,7 & 8	Form A - Individuals
Companies	A company registered as an Australian public company or an Australian proprietary company, or a foreign company.	3,4,5,6,7 & 8	For a Company complete the relevant form based on company type either Forms B or C. All Beneficial Owners named on Form B or C must complete Form A.
Trusts	Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	2,4,5,6,7 & 8	For the Trust complete either Form D or E; and For an Individual Trustee complete Form A; or For a Company Trustee complete Form B or C All Beneficial Owners named on Form D or E must be complete Form A
Partnership	A partnership created under a partnership agreement.	2,4,5,6,7 & 8	For the Partnership please complete Form F. All Beneficial Owners named on Form F must complete Form A.
Associations	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.	2,4,5,6,7 & 8	For the Association please complete Form G. All Beneficial Owners named on Form G must complete Form A.
Registered co-operative	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.	2,4,5,6,7 & 8	For the Registered co-operative please complete Form H. All Beneficial Owners named on Form H must complete Form A.
Government body	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	2,4,5,6,7 & 8	For a Government body please complete Form I. All Beneficial Owners named on Form i must complete Form A.

3. Individuals and Joint account holders investor details

	Applicant 1	Applicant 2 (if applicable)
Title:	<input type="text"/>	<input type="text"/>
Given Name:	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Australian Tax File Number:	<input type="text"/>	<input type="text"/>
Residential Address:		
Street address 1:	<input type="text"/>	<input type="text"/>
Street Address 2:	<input type="text"/>	<input type="text"/>
Suburb:	<input type="text"/>	<input type="text"/>
State:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>

	Applicant 1	Applicant 2 (if applicable)
Phone Number (business hours):	<input type="text"/>	<input type="text"/>
Phone Number (non-business hours):	<input type="text"/>	<input type="text"/>
Mobile Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in on this Application Form.

4. All other account holders investor detail

Investor Type/Capacity:

Company	Trust	Partnership	Association
Sole Trader	Co-operative	Government Body	Other

**Full Name of Company/
Business if Sole Trader/
Trust (including Trustee
details) / Partnership/
Association/
Cooperative/ Government
Body:**

Tax File Number:

ABN (if applicable):

Principle Business Activity:

Address:

Street address 1:

Street Address 2:

Suburb:

State:

Postcode:

Country:

**Phone Number
(business hours):**

Mobile Number:

Email address:

Preferred contact method:

I consent to receive all investor correspondence from you by email to the email address provided.

I wish to receive all investor correspondence by post to the address provided in on this Application Form.

5. Authorised representative details

Complete this section if you wish to appoint a person to act in a legal capacity as your authorised representative and to operate your investment in the Fund on your behalf. In general, an authorised representative can do everything you can do with your investment, except appoint another authorised representative.

We may act on the sole instructions of the authorised representative until you advise us in writing that the appointment of your authorised representative has terminated. We may also terminate or vary an appointment of an authorised representative by giving you 14 days prior notice.

If an authorised representative is a partnership or a company, any one of the partners or any Director of the company is individually deemed to have the powers of the authorised representative.

Please attach a certified copy of your Power of Attorney.

For information on how to certify your document please refer to the Certification Information Sheet

Given Name
Surname:

Date:

Signature of Authorised
Representative:

6. Investment details

Investment Amount:
(\$20,000 minimum, unless opting
into the savings plan – see below)

Recurring Payment (\$1,000 per minimum; please
specify frequency in the box i.e. - monthly,
quarterly.

Initial investment amount may be below \$20,000
but no initial investment is required)

Source of funds being
invested (choose most
relevant)

Retirement income

Inheritance/gifts

Business activities

Other

Employment income

Financial
investments

Sale of assets

Payment Method:

Note: Payment details
will be sent via email
in the Application
Confirmation

BPAY (if applicable)

Direct Credit/
Electronic Funds
Transfer

Direct Debit (See
form attached if
applicable)

Distribution payment
instructions (choose one
payment instruction):

Please reinvest my distributions
in the relevant Fund

Please pay my distributions
directly to my nominated bank
account

**Your Distribution Bank
Account Details:**

Bank:

Account Name:

BSB:

Account Number:

**If you wish to have a
separate bank account
for redemption payments
please fill the below:**

**Your Redemption Bank
Account Details:**

Bank:

Account Name:

BSB:

Account Number:

7. Financial advisor details

By filling out this section you nominate and consent the named Financial Advisor access to your information.

Advisor Name (full name):

Name of Advisory Firm:

Name of Dealer Group:

**AFSL or AFSL
Representative
Number:**

Address:

Suburb:

State:

Postcode:

Country:

**Phone Number
(business hours):**

Mobile Number:

Email Address:

8. Declaration

I/we declare and agree each of the following:

- I/we have read the current PDS to which this application applies and have received and accepted the offer in it.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we understand that neither the repayment of capital nor the performance of the Fund is guaranteed
- I/we agree to be bound by the terms of the PDS and the constitution of the Fund, as amended from time to time, and understand that a copy of the constitution will be made available to me/us for free upon request.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of The Trust Company (RE Services) Limited ABN 45 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/we agree to provide further information or personal details to The Trust Company (RE Services) Limited and the custodian if required to meet their obligations under any anti- money laundering and counter-terrorism law and regulations, and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company (RE Services) Limited of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or The Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- If I/we have appointed a financial adviser, payment to the financial adviser of the amount stated in section 6, which includes any amounts invested under the Savings Plan.
- I/we certify that the information provided in the separate ID forms, including information relating to tax-related requirements, is reasonable based on verifiable documentation

I/we acknowledge and agree that:

- The Trust Company (RE Services) Limited may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with anti-Money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.

Additional declaration and agreement for New Zealand investors:

- I/we received and accepted this offer in Australia or New Zealand.
- I/we understand that the PDS is not an investment statement under New Zealand law and that there are likely to be differences between the information provided in a PDS compared to an investment statement under New Zealand law.
- I/we have read and understand the 'Important additional information for New Zealand investors in the current PDS.

9. Signatures

Joint applicants must both sign, For Individual Trustee Trust/Superannuation Funds each individual Trustee must sign.
For Corporate Trustee Trust/Superannuation Funds 2 Directors, a Director and Secretary or Sole Director must sign.

Applicant 1

Full Name

Date

Signature

Tick capacity (mandatory for companies):

☐ Sole Director and Company Secretary

☐ Non-corporate trustee

☐ Director

☐ Partner

☐ Secretary

Applicant 2

Full Name

Date

Signature

Tick capacity (mandatory for companies):

Director

Non-corporate trustee

Secretary

Partner

Please scan and email your signed Initial Application Form, Identification Forms and certified copies of your identification required to forager@automicgroup.com.au

Please ensure that you have transferred your Application Monies