

# Initial Application Form

The Trust Company (RE Services) Limited  
Forager International Shares Fund ARSN 161 843 778

Welcome to the Forager International Shares Fund application form.

This Initial Application Form relates to a Product Disclosure Statement dated 1 February 2024 (“PDS”) issued by The Trust Company (RE Services) Limited ABN 45 003 278 831 AFSL 235150, for the offer of units in the Forager International 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](http://www.foragerfunds.com)

## Submit your application

**Email:** [forager@automicgroup.com.au](mailto: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/FISF>

## 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><b>What is your primary investment objective?</b></p> <ul style="list-style-type: none"> <li>Capital Growth</li> <li>Capital preservation</li> <li>Income distribution</li> </ul>	<p><b>What is your investment time horizon?</b></p> <ul style="list-style-type: none"> <li>Up to and including 2 years i.e. Short term</li> <li>More than 2 years but less than 5 years i.e. Medium term</li> <li>Equal to 5 years but less than 7 years i.e. Medium to long term</li> <li>Equal to 7 years or more i.e. Long term</li> </ul>
<p><b>What is your intended use of this investment in your over all investment portfolio?</b></p> <ul style="list-style-type: none"> <li>Solution/Standalone (up to 100%)</li> <li>Major allocation (up to 75%)</li> <li>Core component (up to 50%)</li> <li>Minor allocation (up to 25%)</li> <li>Satellite component (up to 10%)</li> </ul>	<p><b>What do you anticipate your withdrawal needs?</b></p> <ul style="list-style-type: none"> <li>Within one week of request</li> <li>Within one month of request</li> <li>Within three months of request</li> <li>Within 1 year of request</li> <li>Within 5 years of request</li> <li>Within 10 years of request</li> <li>10 years or more</li> </ul>
<p><b>What is your tolerance for risk (able to bear loss)?</b></p> <ul style="list-style-type: none"> <li>Extremely High</li> <li>Very high</li> <li>High</li> <li>Medium</li> <li>Low</li> </ul>	<p><b>Where did you hear about the Fund?</b></p> <ul style="list-style-type: none"> <li>Financial Adviser</li> <li>Platform</li> <li>Research House</li> <li>Other please specify</li> </ul>

## 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: 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):**



**Phone Number  
(non-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.

## 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)

Savings plan (\$1,000 per month minimum; 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)
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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
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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](mailto:forager@automicgroup.com.au)

Please ensure that you have transferred your Application Monies

# Direct Debit Savings Plan Form



Request and Authority to debit the account names below to pay Automic Group

## REQUEST AND AUTHORITY TO DEBIT

Fund Name

Monthly Savings Plan Amount (minimum amount \$1,000)

Registered Holding Name

Holder Number (SRN)

Request and authorise Automic Group to arrange, through its own financial institution, a debit from your nominated account. The debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Service Agreement.

### Insert the Name and Address of the Financial Institution at which the Account is Held

Financial Institution Name

Address

### Insert Details of Account to be Debited

Name/s on Account

BSB number (must be 6 digits)

Account Number

**Acknowledgment** [Sign Here](#) - This section must be signed for your instructions to be executed

Individual or Unitholder

Unitholder 2

Unitholder 3

Sole Director or

Sole Director and Sole Company Secretary

Director

Director/Company Secretary

Individual:

This form is to be signed by the unitholder.

Joint Holding:

Where the holding is in more than one name, all of the unitholders must sign.

Power of Attorney:

To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.

Companies:

To be signed in accordance with your Constitution. Please sign in the appropriate box which indicates the office held by you.

Day                      Month                      Year

Please send your signed form to:

Automic Group  
GPO Box 5193  
Sydney, NSW 2001  
forager@automicgroup.com.au

#### Collection Statement

As a fund registry provider, Automic Pty Ltd (ACN 152 260 814) (Automic Group) requires information about you (including contact information such as your name and address, and your financial institution account details) for the primary purpose of providing a service to you. This collection is authorised by law and without collecting this information we may be unable to provide you with the service requested in this document. We may disclose the information that is related to the primary purpose to third parties including Automic Group's financial institution. Further relevant information is found in our Privacy Policy which is available on the Automic Group website [www.automicgroup.com.au](http://www.automicgroup.com.au)



## DIRECT DEBIT SERVICES AGREEMENT

The following is your Direct Debit Service Agreement with Automic Group. The agreement explains your obligations when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your Direct Debit Request form or additional application form (as applicable).

## DEFINITIONS

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this direct debit request service agreement between you and us.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request means the Direct Debit Request in the application form or additional application form Us or we means Automic, (the Debit User) you have authorised by signing a Direct Debit Request.

You means the customer who has signed or authorised by other means the Direct Debit Request.

Your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

## DEBITING YOUR ACCOUNT

By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request. If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

All Direct Debit payments for initial applications will be made in accordance with the cut off times published in a Fund's Product Disclosure Statement. It takes three days for the request to be cleared. Upon confirmation that the funds are cleared we will apply for units in the relevant fund on your behalf.

## AMENDMENTS BY US

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

## AMENDMENTS BY YOU

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by contacting us at:

Automic Group  
GPO Box 5193  
Sydney, NSW 2001

Phone: +61 (0)2 9698 5414

Email: [forager@automicgroup.com.au](mailto:forager@automicgroup.com.au)



## YOUR OBLIGATIONS

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution;
- you may also incur fees or charges imposed or incurred by us; and
- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

If Automic Group is liable to pay goods and services tax (“GST”) on a supply made in connection with this agreement, then you agree to pay Automic Group on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## DISPUTE

If you believe that there has been an error in debiting your account, you should notify us directly on +61 (0)2 9698 5414 and confirm that notice in writing with us as soon as possible so that we can resolve your query quickly. Alternatively, you can take it up with your financial institution directly.

If we conclude as a result of investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

## ACCOUNTS

Please carefully check:

- with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

## CONFIDENTIALITY

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you:

- to the extent specifically required by law; or
- for the purposes of this agreement (including disclosing information in connection with any query or claim).

## NOTICE

If you wish to notify us in writing about anything relating to this agreement, you should write to:

Automic Group  
GPO Box 5193, Sydney, NSW 2001

We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

Any notice will be deemed to have been received on the third banking day after posting.