

# ADDITIONAL APPLICATION FORM

This form is for **EXISTING** investors only. You **do not need** this form if you have access to **BPAY®** facilities. You can make additional investments via BPAY using the details found at the bottom of your monthly statement.

This Form relates to a Product Disclosure Statement dated 18<sup>th</sup> March 2025 ("PDS") issued by The Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL 235150, for the offer of units in the Eley Griffiths Group Emerging Companies Fund ("Fund"). Terms defined in the PDS have the same meaning in this Additional Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Additional Application Form.

If you are a new investor please use the Initial Application Form.

Investor Number ..... Investor Name .....

## 1. ADDITIONAL INVESTMENTS

Please detail below the additional amount you propose to invest and the source of funds

Application Amount \$ ..... (minimum AUD \$5,000)

Source of funds being invested (choose most relevant)

- |  |  |
|--|--|
| <input type="checkbox"/> Retirement income   | <input type="checkbox"/> Inheritance/gifts     |
| <input type="checkbox"/> Employment income   | <input type="checkbox"/> Financial investments |
| <input type="checkbox"/> Business activities | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Sale of assets      |  |

## 2. PAYMENT DETAILS

### PAYMENT METHOD

- ☐ Direct Credit/Electronic Funds Transfer

Account Name: **The Trust Company (RE Services) Limited as RE for Eley Griffiths Group Emerging Companies Fund Applications Account**

Bank: **ANZ**

BSB: **012 003**

Account number: **836 956 045**

Please ensure a record of all EFT payments is sent to MUFG Corporate Markets in connection with this form by email to [eleygriffiths@cm.mpms.mufg.com](mailto:eleygriffiths@cm.mpms.mufg.com)

### 3. CONTACT DETAILS

Name ..... Contact Number .....

### 4. DECLARATION

I/we declare and agree each of the following:

- I/we have read the current PDS and acknowledge this additional application request is subject to the terms and conditions set out in the current PDS.
- 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 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 have read and understood the privacy disclosure as detailed in the current 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.
- Perpetual Trust 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.

### 5. SIGNATURES

Please see below guidelines for applicant signatures based on certain investor types:

**Individual** – where the investment is in one name, the investor must sign

- **Joint investors** – where the investment is in more than one name, all investors must sign
- **Company** – two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
- **Trust** – each trustee must sign or, if a corporate trustee, then as for a company
- **Partnership** – each partner
- **Association or registered co-operative** – each office bearer

- **Government body** – relevant principal officer/authorised signatory
- **Power of attorney** – if signed by the unit holder’s attorney, the power of attorney must have been previously provided. If not a certified copy of the power of attorney as well as a certified copy of the Power of Attorney’s driver’s license, passport or other photo identification which confirms their name and address and contains their signature must be attached to this form

## INVESTOR 1

Signature	Full Name	Date
Tick capacity (mandatory for companies):		
<input type="checkbox"/> Sole Director and Company Secretary	<input type="checkbox"/> Non-corporate trustee	
<input type="checkbox"/> Director	<input type="checkbox"/> Partner	
<input type="checkbox"/> Secretary		

## INVESTOR 2

Signature	Full Name	Date
Tick capacity (mandatory for companies):		
<input type="checkbox"/> Director	<input type="checkbox"/> Non-corporate trustee	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Partner	

## 6. LODGEMENT

Once signed, please email this Application Form to:

**[eleygriffiths@cm.mpms.mufg.com](mailto:eleygriffiths@cm.mpms.mufg.com)**

If you have any queries, please contact MUFG Corporate Markets on + 61 2 8767 1114.