

APPLICATION FORM — MONTHLY CLASS

This is the Monthly Class Application Form (Sections 1 to 4), Additional Application Form (Section 5) and Redemption Request Form (Section 6) pertaining to the Product Disclosure Statement (PDS) dated 4 September 2025 for the Auscap High Conviction Australian Equities Fund (ARSN 615 542 213) issued by Auscap Asset Management Limited (ABN 11 158 929 143, AFSL 428 014).

You can download the latest version of the PDS (including the Additional Information Guide (Guide)) and any updated information from Auscap's website at www.auscapam.com. A paper copy of the PDS and the Guide, and any updated information, will be provided free of charge upon request during the life of the PDS. To request a copy, please contact Auscap by phone on +61 2 8378 0800 or by email at info@auscapam.com or in writing to **Auscap Asset Management Limited, Level 30, 9 Castlereagh Street, Sydney, NSW 2000 Australia**.

Completing this Application Form

Investor Type	Correct Name	Section to Complete	Supporting Documents
Individual/Joint investors <ul style="list-style-type: none"> use full name of each applicant, do not use initials 	Wendy Sarah Smith	Section 1	We require originals or certified copies to be posted to MUFG Corporate Markets. Certified documents must have been certified within the last 12 months <ul style="list-style-type: none"> Original signed application form Certified ID for each individual investor
SMSF and Trusts with Individuals as Trustees <ul style="list-style-type: none"> use trustee(s) personal name (s); and use fund/trust name as designation 	Wendy Sarah Smith ATF Wendy Smith Super Fund	Section 2	<ul style="list-style-type: none"> Original signed application form Certified ID for at least 1 individual Trustee Certified ID for all Beneficial Owners Certified copy of the Trust Deed Certified ID for the settlor of the trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD\$10,000 on creation of the trust)
SMSF and Trusts with Company as Trustee <ul style="list-style-type: none"> use trustee(s) company name(s); and use fund/trust name as designation 	XYZ Pty Ltd ATF Smith Family Trust	Section 3	<ul style="list-style-type: none"> Original signed application form Certified copy or certified extract of the trust deed Certified ID of Beneficial Owners of the Company Certified ID of Beneficial Owners of the Trust Certified ID for the settlor of the Trust (unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD\$10,000 on creation of the trust)
Company <ul style="list-style-type: none"> use full company name, do not use abbreviations 	Company Name Pty Ltd Company Name Limited	Section 4	<ul style="list-style-type: none"> Original signed application form Certified IDs of Beneficial Owners of the Company

- Please note that this is a summary only and further documents may be required
- Applications under power of attorney must be accompanied by a certified copy or the original of the Power of Attorney with specimen signatures.

Transferring Funds and Submitting Documents

Completed and approved Application Forms and application monies should be received by 5.00pm on the last Business Day of the month prior to the investment date by electronic transfer to:

Account Name: Auscap Asset Management ATF Auscap High Conviction Australian Equities Fund
 Bank: ANZ
 BSB: 012 006
 Account number: 836165921

Please include the applicant's / investment entity's name as a reference on all electronic transfers.

Please **scan and email** the completed Application Form and other required documents to auscap@cm.mpms.mufg.com and then **post** the original documents to:

**MUFG Corporate Markets FS Pty Ltd
 Unitholder Services
 Attention: Auscap Fund Unit Registry
 Locked Bag 5038
 Parramatta NSW 2124**

Regular Information

Following acceptance of your application, once the unit price is confirmed you will be sent an application advice statement. You should check the details on the advice carefully and contact the Administrator, MUFG Corporate Markets, if you have any questions.

Required ID and Additional Documents

Investors please provide for each person listed in the relevant section of this form:

- Certified copy of a Primary Photographic Identification Document (see below for definition); or
- Certified copy of a Primary Non-Photographic Identification Document AND a Secondary Identification Document (see below for definitions).

Certified copy means a document that has been certified within the last 12 months as a true copy of an original document by a person eligible to certify documents (as listed on the following page).

Certified extract means an extract that has been certified within the last 12 months as a true copy of some of the information contained in a complete original document by one of the persons described on the following page.

What are the Identification Documents?

Primary Photographic Identification Documents:

- 1) *Licence or permit issued by a State or Territory of Australia or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued.*
- 2) *Passport issued by the Commonwealth of Australia.*
- 3) *Passport issued for the purpose of international travel that is issued by a foreign government and contains a photograph and the signature of a person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).*
- 4) *ID Card issued by a State or Territory of Australia for the purpose of proving a person's age that contains a photograph of the person in whose name the document is issued.*
- 5) *National Identity Card issued by a foreign government, for the purpose of identification, that contains a photograph of the person in whose name the document is issued (accompanied by a written translation prepared by accredited translator where required).*

Primary Non-Photographic Identification Documents:

- 1) *Birth Certificate or Birth Extract issued by a State or Territory of Australia.*
- 2) *Citizenship Certificate issued by the Commonwealth of Australia.*
- 3) *Citizenship Certificate issued by a foreign Government (accompanied by a written translation prepared by an accredited translator where required).*
- 4) *Birth certificate issued by a foreign government (accompanied by a written translation prepared by an accredited translator where required).*
- 5) *Pension or health card issued by Centrelink that entitles financial benefits to the person in whose name the card is issued.*

Secondary Identification Documents:

- 1) A notice that was issued to an individual by the Commonwealth, a State or Territory of Australia within the preceding 12 months that contains the name of the individual and his or her residential address and records for the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory.
- 2) A notice that was issued to an individual by a local government or utilities provider in Australia within the preceding 3 months that contains the name of the individual and his or her residential address and records the provision of services by that local government body or utilities provider to that address or to that person.

People who can certify documents or extracts are:

- a **lawyer** – a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
- a **judge** of a court;
- a **magistrate**;
- a **chief executive officer** of a Commonwealth court;
- a **registrar** or **deputy registrar** of a court;
- a **Justice of the Peace**;
- a **notary public** (for the purposes of the Statutory Declaration Regulations 1993);
- a **police officer**;
- a **postal agent** – an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- a **permanent employee** of The Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- an **Australian consular officer** or an **Australian diplomatic officer** (within the meaning of the Consular Fees Act 1955);
- an **officer** with 2 or more continuous years of service with one or more **financial institutions** (for the purposes of the Statutory Declaration Regulations 1993);
- a **finance company officer** with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
- an **officer** with, or an **authorised representative** of, a **holder of an Australian financial services licence**, having 2 or more continuous years of service with one or more licensees; and
- an **accountant** – a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The eligible certifier must include the following information:

- their full name;
- address;
- telephone number;
- the date of certifying;
- capacity in which they are eligible to certify; and
- an official stamp/seal if applicable.

The certified copy must include the statement, ***“I certify this is a true copy of the original document”***.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Explanation of FATCA & CRS

Neither Auscap nor MUFG Corporate Markets is able to provide you with tax or professional advice in respect of FATCA or CRS and we strongly encourage you to seek the advice of an experienced tax or professional adviser in relation to completing the FATCA & CRS parts of this Application form.

What are FATCA & CRS?

The U.S. Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) are two ways in which a large number of governments are seeking the same thing – to improve global tax compliance. Both require financial institutions to capture relevant information on foreign tax payers, as follows:

- FATCA promotes cross border tax compliance by U.S. taxpayers, by implementing an international standard for the automatic exchange of information related to those taxpayers. Australia has entered into an inter-governmental agreement (IGA) with the U.S. to implement FATCA in Australia, to be administered through the ATO. The AUS-USA FATCA IGA requires the ATO to obtain detailed account information for U.S. citizens and/or taxpayers on an annual basis. The effect of this is that, to satisfy their FATCA obligations, relevant Australian financial institutions must identify any U.S. taxpayers and report those taxpayers' financial account data to the ATO.
- CRS is a global reporting standard, developed by the OECD, for the automatic exchange of information (AEOI). Its goal is to allow tax authorities to obtain a clearer understanding of financial assets held abroad by their residents, for tax purposes. Over 100 countries (refer to OECD link on page 5 below for participating jurisdictions) have agreed to share information on residents' assets and incomes in accordance with defined reporting standards. Once again, this means that financial institutions around the globe must provide tax authorities with taxpayer financial account data, and the financial institutions must therefore collect this information from their customers and pass it on.

Common FATCA & CRS terms

Financial Institution (also referred to as *Foreign financial institution* or "**FFI**" under FATCA) – an entity created or organised outside of the U.S. and includes:

- a) **Depository institution** – entity that accepts deposits in the ordinary course of banking or similar business (banks, credit unions), or
- b) **Custodial institution** – entity that holds financial assets for the account of others as a substantial portion of its business (brokers, custodians), or
- c) **Investments entity** – means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:
 - trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange; interest rate and index instruments; transferable securities; or commodity futures trading;
 - individual and collective portfolio management; or
 - otherwise investing, administering, or managing funds or money on behalf of other persons.

Non-Financial Foreign Entity ("NFFE") / Non-Financial Entity ("NFE") – any non-U.S. entity that is not a financial institution. NFFE / NFE can be either *Active NFFE / NFE* or *Passive NFFE / NFE* (refer below for more details).

U.S. citizen or U.S. resident for tax purposes – includes:

- anyone born in the U.S. (who has not renounced their citizenship)
- anyone living in the U.S.
- a green card holder
- U.S. passport holder
- U.S. companies, trusts or partnerships

Controlling Persons – means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.

GIIN – Global Intermediary Identification Number is an IRS registration number for financial institutions.

TIN – is Taxpayer Identification Number and may include Social Security Number (SSN) or Employer Identification Number (EIN).

IGA – Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA.

Australian Retirement Fund

1. Any plan, scheme, fund, trust, or other arrangement operated principally to administer or provide pension, retirement, superannuation, or death benefits that is a superannuation entity or public sector superannuation scheme (including an exempt public sector superannuation scheme) as defined in the *Superannuation Industry (Supervision) Act 1993*, or a constitutionally protected fund as defined in the *Income Tax Assessment Act 1997*.
2. A pooled superannuation trust as defined in the *Income Tax Assessment Act 1997*.
3. Any Entity that is wholly owned by, and conducts investment activities, accepts deposits from, or holds financial assets exclusively for or on behalf of, one or more plans, schemes, funds, trusts, or other arrangements referred to in subparagraphs (1) or (2) of this paragraph.

Non-Participating Jurisdiction for CRS purposes – Refer to OECD link below for list of participating jurisdictions.

FATCA & CRS status

FATCA status refers to entity classification under FATCA and may include:

1. **Active NFFE / NFE** – any NFFE / NFE that meets the following criteria:
 - NFFE / NFE where less than 50% of income is passive income (i.e. dividends, interest, annuities etc.) and less than 50% of its assets produce passive income; or
 - Entity's stock is regularly traded on established securities market (e.g. entity listed on ASX) or affiliated group of such entity; or
 - Entity organised in U.S. Territory and owned by its residents; or
 - Foreign government; or
 - International organisation; or
 - Foreign Central Bank of Issue; or
 - Any other specifically identified class of entities, including those posing a low risk of tax evasion, as determined by the IRS (e.g. start-up entities, entities in liquidation, not-for profit entities etc).
2. **Passive NFFE / NFE** – any NFFE / NFE that is not an Active NFFE / NFE.
3. **Participating FFI** – an FFI that enters into an agreement with the IRS to undertake certain due diligence, withholding and reporting requirements for U.S. account holders in accordance with FATCA and is generally able to provide GIIN.
4. **Exempt Beneficial Owner** – this is non-reporting entity under FATCA and may include:
 - the Australian Government, State and local governments and local authorities and their wholly owned agencies or instrumentalities, including certain named entities;
 - International, intergovernmental and supranational organisations;
 - Reserve Bank of Australia and its subsidiaries;
 - Complying Australian superannuation funds (including self-managed super funds);
 - Investment entity wholly owned by *exempt beneficial owners*;
5. **Non-Reporting IGA FFI** – this is non-reporting entity (certified or registered deemed-compliant FFI) under FATCA and may include:
 - Financial institution with Australian client base (must satisfy all conditions listed in paragraph III. A of Annex II of the IGA, including at least 98% of the U.S. dollar value of all account balances must be held by Australian residents);
 - Small local banks that meet criteria listed in the IGA;
 - Financial Institution that is not an Investment Entity with only Low-Value Accounts (i.e. with value of U.S.\$ 50,000 or less) and with total assets of no more than U.S.\$50 million;
 - Qualified credit card issuer (with customer deposits of U.S.\$50,000 or less);
 - Trustee-Documented Trust – A trust established under the laws of Australia to the extent that the trustee of the trust is a Reporting U.S. Financial Institution, Reporting Model 1 FFI, or Participating FFI and reports all information required to be reported pursuant to the Agreement with respect to all U.S. Reportable Accounts of the trust;
 - Sponsored investment entity – an investment entity established in Australia that has a Sponsoring entity;
 - Certain Investment Manager and Investment Advisors;
 - Certain Collective Investment Vehicles that meet criteria listed in the IGA.
6. **Non-Participating FFI** – an entity that does not comply with FATCA and generally will not fall into any of the below categories:
 - Participating FFI; or
 - Deemed-compliant FFI; or
 - Exempt Beneficial Owner

Further information about FATCA & CRS can be found at:

<http://www.irs.gov/fatca>

www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/

Additional Applications

Additional Investment

Additional investments can be made using the Additional Application Form at Section 5 in this document. However, where BPAY[®] is used for an additional investment, the unitholder is not required to complete the Additional Application Form. See section 2 of the PDS and section 1 of the Additional Information Guide for further information.

BPAY[®] is registered to BPAY Pty Limited ABN 69 079 137 518.

SECTION 1

MONTHLY CLASS APPLICATION FORM FOR PDS DATED 4 SEPTEMBER 2025

Auscap High Conviction Australian Equities Fund

ARSN 615 542 213

This application form relates to the Product Disclosure Statement dated 4 September 2025 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS, including the Additional Information Guide (Guide), in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS and the Guide have the same meaning in this Application Form.

INDIVIDUALS AND SOLE TRADERS

COMPLETE THIS SECTION 1 AS INDIVIDUALS

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

New Investor Name: *Name of the holding in a format that you want to appear on the Register of Unitholders*

1. Contact Details

These contact details will be used for all investment related communication.

Full given name(s)

Surname

Mobile

Home or Work Phone

Email *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

Address

Street

Suburb

State

Postcode

Country

2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

Adviser name

Dealer Group

Adviser Firm

AFSL Number

Telephone/Mobile

Contact Email

Mailing address

Street

Suburb

State

Postcode

Country

3. Investment Details

Amount AUD \$

Note that the minimum initial investment amount is \$10,000

Purpose of Investment

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

Yes, please specify

No

Source of Funds

Savings

Business activity

Real estate

Gift

Salary

Financial investments

Inheritance

Other (please specify)

4. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

Reinvest my distributions
 Pay my distributions in cash

5. Bank Accounts

Your bank account details Distributions and withdrawal proceeds can only be paid to a bank account nominated by the unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank			
Branch Name			
BSB		Account Number	
Account Name			

For bank accounts outside Australia, please provide the following additional details:

Beneficiary Bank Address			
National Beneficiary Bank Clearing Code (if applicable)		Beneficiary Bank SWIFT Code	
Intermediary Bank details (if applicable)			

6. Individual Identifications

INVESTOR 1

Investor's name must match investor's ID exactly

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
		/ /

Residential address (PO Box is NOT acceptable)

Street					
Suburb					
State		Postcode		Country	

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes – Please complete the below

No – Please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Investor’s name must match investor’s ID exactly

Full business name

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes – Please complete the below

No – Please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

INVESTOR 2

Investor’s name must match investor’s ID exactly

Full given name(s)

Surname

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is NOT acceptable)

Street

Suburb

State Postcode Country

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes – Please complete the below

No – Please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

 Investor's name must match investor's ID exactly

Full business name

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State Postcode Country

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes – Please complete the below

No – Please provide country of residence:

Tax File Number (TFN) or Australian Business Number (ABN):

Exemption Number (if applicable):

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

If there are more than 2 joint individual investors, please provide details on a separate sheet of paper and attach it to your Application Form.

7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

Full name (investor 1):

Are you a U.S citizen or US resident for tax purposes? (Select one of the following options)

Yes Please provide your Taxpayer Identification Number (TIN)

No Continue to part 8

Taxpayer Identification Number (TIN):

Full name (investor 2):

Are you a U.S citizen or US resident for tax purposes? (Select one of the following options)

Yes Please provide your Taxpayer Identification Number (TIN)

No Continue to part 8

Taxpayer Identification Number (TIN):

8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

Full name (investor 1):

Are you a tax resident of any other country outside of Australia? (Select one of the following options)

Yes Please provide details below. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)

No Continue to part 9

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided*
1.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2.	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where you are a resident does not issue TINs to its residents
- **Reason B:** You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why you are unable to obtain a TIN:

Full name (investor 2):

 Are you a tax resident of any other country outside of Australia? (Select one of the following options)

- Yes** Please provide details below. If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)
- No** Continue to part 9

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided*
1.	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>
2.	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>	<input style="width: 160px; height: 25px;" type="text"/>

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where you are a resident does not issue TINs to its residents
- **Reason B:** You are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why you are unable to obtain a TIN:

9. Design and Distribution Obligations – Target Market

 Are you a “wholesale client” investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a “wholesale investor” as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

- Yes Continue to part 10 No Please answer the following question

Have you received personal financial advice in relation to this proposed investment in the Fund?

- Yes Continue to part 10 No

If ‘No’, please answer the following questions to assist Auscap in determining whether you may be in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund’s target market can be found at www.auscapam.com. The following questionnaire is not a self-certification that you are in the target market for the Fund. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.

A. Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap’s minimum suggested investment timeframe is five years)?

- Yes No

B. Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

- Yes No

C. Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

- Yes No

D. Investments in Australian shares are considered to have a high risk / return profile under the definition in the Fund's Target Market Determination. The Fund predominantly invests in Australian shares. Are you comfortable with this risk / return profile?

Yes No

E. From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month's notice?

Yes No

10. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement (including the Additional Information Guide) to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If I/we have received the PDS (including the Additional Information Guide) from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me/us in this Application Form are true and correct.
- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS (including the Additional Information Guide) and of the Constitution, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I/we notify the Responsible Entity otherwise.
- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.
- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Law. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Law and I indemnify it against any loss caused by my failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my/our investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of the AML Law. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my/our application and holdings being disclosed in accordance with the Privacy section of the PDS (including the Additional Information Guide).
- I/we confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me/us by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and Administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and Administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and the Administrator and provide them with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or the Administrator to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS (including the Additional Information Guide) and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS (including the Additional Information Guide), which may involve my/our personal information being provided to parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

- Any individual to sign
 Any two individuals to sign
 All individuals to sign
 Other (please specify):

<p>Signature <i>Print to sign</i></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Sign ▶</p>	<p>Signature <i>Print to sign</i></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Sign ▶</p>
<p>Print Name</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<p>Print Name</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>
<p>Date</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<p>Date</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>

11. Required Documents

Please provide the following documents:

- **Original signed application form**
- **Certified ID for each individual investor listed (certified within the last 12 months)**

12. Email and post required documents

Please **scan and email** this completed form and other required documents to auscap@cm.mpms.mufg.com and then **post** the originals to:

MUFG Corporate Markets FS Pty Ltd
Unitholder Services
Attention: Auscap Fund Unit Registry
Locked Bag 5038
Parramatta NSW 2124

13. Payment Details

Electronic Funds Transfer (EFT) to :	Bank:	ANZ
	BSB:	012 006
	Account Number:	836165921
	Account Name:	Auscap Asset Management ATF Auscap High Conviction Australian Equities Fund
	Reference:	(Investor Name)

SECTION 2

MONTHLY CLASS APPLICATION FORM FOR PDS DATED 4 SEPTEMBER 2025

Auscap High Conviction Australian Equities Fund

ARSN 615 542 213

This application form relates to the Product Disclosure Statement dated 4 September 2025 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS, including the Additional Information Guide (Guide), in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS and the Guide have the same meaning in this Application Form.

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

SMSF or TRUSTS with INDIVIDUALS AS TRUSTEES

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

New Investor Name: *Name of the holding in a format that you want to appear on the Register of Unitholders*

1. Contact Details

These contact details will be used for all investment related communication.

Full given name(s)

Surname

Mobile

Home or Work Phone

Email *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

Address for communications

Street

Suburb

State

Postcode

Country

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

Adviser name

Dealer Group

Adviser Firm

AFSL Number

Telephone/Mobile

Contact Email

Mailing address

Street

Suburb

State

Postcode

Country

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

3. Investment Details

Amount AUD \$

Note that the minimum initial investment amount is \$10,000

Purpose of Investment

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

Yes, please specify

No

Source of Funds

Savings

Business activity

Real estate

Gift

Salary

Financial investments

Inheritance

Other (please specify)

4. Trust Details

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

SMSF or Trust

Name

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes – Please complete the below

No – Please provide country of residence:

Tax File Number (TFN) of the Trust

Australian Business Number (ABN) of the Trust

Exemption Number (if applicable):

Country of establishment of trust:

Type of trust (e.g. family trust, discretionary trust):

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

4.1 Individual Trustees

Please provide details of all individual trustees

Individual Trustee 1

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>

Residential address (PO Box is NOT acceptable)

Street

Suburb

State Postcode Country

Individual Trustee 2

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

4.2 Settlor

Name of Settlor of the trust (if applicable – note that this part is not applicable for SMSFs):

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Was there no settlor, did the settlor contribute less than AUD\$10,000 on creation of the trust or is the settlor deceased?

(Select one of the following options)

Yes

No

4.3 Beneficial Owners (Please state if Trustees and Beneficial Owners are the same)

Provide the names of individuals that directly or indirectly control the trust. This may be the individuals identified as the trustee(s) above, however these individuals must be listed again below to confirm that they are the trust’s beneficial owner. This includes control by acting as trustee, or by means of trusts, agreements, understandings and practices, or exercising control through the capacity to direct the trustees, or the ability to appoint or remove the trustee(s). Note that this part is not applicable for SMSFs.

Beneficial Owner 1

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

Beneficial Owner 2

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input style="width: 90%;" type="text"/>				
Suburb	<input style="width: 95%;" type="text"/>				
State	<input style="width: 15%;" type="text"/>	Postcode	<input style="width: 15%;" type="text"/>	Country	<input style="width: 40%;" type="text"/>

4.4 Beneficiaries of the Trust

Note that this part is not applicable for SMSFs.

Beneficiary 1

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>

Address

Street	<input style="width: 90%;" type="text"/>				
Suburb	<input style="width: 95%;" type="text"/>				
State	<input style="width: 15%;" type="text"/>	Postcode	<input style="width: 15%;" type="text"/>	Country	<input style="width: 40%;" type="text"/>

Class of Beneficiary:

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

Beneficiary 2

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>

Address

Street	<input style="width: 90%;" type="text"/>				
Suburb	<input style="width: 95%;" type="text"/>				
State	<input style="width: 15%;" type="text"/>	Postcode	<input style="width: 15%;" type="text"/>	Country	<input style="width: 40%;" type="text"/>

Class of Beneficiary:

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

5. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

- Reinvest my distributions
 Pay my distributions in cash

6. Bank Accounts

Your bank account details Distributions and withdrawal proceeds can only be paid to a bank account nominated by the unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank	<input type="text"/>		
Branch Name	<input type="text"/>		
BSB	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>		

For bank accounts outside Australia, please provide the following additional details:

Beneficiary Bank Address	<input type="text"/>		
National Beneficiary Bank Clearing Code (if applicable)	<input type="text"/>	Beneficiary Bank SWIFT Code	<input type="text"/>
Intermediary Bank details (if applicable)	<input type="text"/>		

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

Full legal name of the SMSF or other Trust

Select only ONE of the following options that best describes the SMSF or other Trust and provide the information requested.

- The entity is an Australian Retirement Fund** (refer to FATCA & CRS terms) **or a SMSF**
Skip to part 9
- The entity is not an Australian Retirement Fund** (refer to FATCA & CRS terms) **or a SMSF**
 Please complete details below

Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

- 1. U.S. person as defined under FATCA and U.S. Internal Revenue Code.**
 This includes but is not limited to company, trust or partnership that is established under the laws of the U.S. and is considered a U.S. resident for tax purposes.

Please also answer questions (a) and (b) below and then continue to part 8

(a) U.S. federal tax classification Please confirm entity's U.S. federal tax classification below

- Single-member LLC C Corporation S Corporation Partnership Trust/estate
 Limited liability company – C corporation Limited liability company – S corporation
 Limited liability company – Partnership Other Please provide detail:

(b) Is the entity exempt from FATCA reporting?

Yes Please provide the entity's FATCA exemption code

No Please provide the entity's U.S. Taxpayer Identification Number (TIN)

- 2. Financial institution (FFI)** Select one of the options from (a) to (e) to confirm which type of FFI the entity is

(a) Reporting IGA FFI or Participating FFI GIIN
 Provide entity's GIIN and continue to part 8

(b) Sponsored FFI or Trustee Documented Trust
 Please complete details of the Sponsoring Entity or Trustee below and continue to part 8
 Name of Sponsoring Entity or Trustee GIIN of Sponsoring Entity or Trustee

(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI) Please complete details below and continue to part 8
 FATCA status GIIN (if applicable)

(d) Non-participating FFI Note that information about the entity will be reported to the ATO and IRS. Continue to part 8

(e) Exempt Beneficial Owner Continue to part 8

- 3. Non-Financial Foreign Entity (NFFE)** Select one of the options from (a) or (b) to confirm which type of NFFE the entity is

(a) Active NFFE Continue to part 8

(b) Passive NFFE Please select (i) or (ii) below

(i) with no controlling U.S. persons Continue to part 8

(ii) with controlling persons (refer to FATCA & CRS terms) who are U.S. citizens or U.S. residents for tax purposes? Please provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach it to this form) and continue to part 8

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

U.S. Person 1

Controlling Person
 Beneficiary
 Trustee
 Other – *please specify*

Full Name

Residential address (*PO box is not acceptable*)

U.S. Taxpayer Identification Number (TIN)

U.S. Person 2

Controlling Person
 Beneficiary
 Trustee
 Other – *please specify*

Full Name

Residential address (*PO box is not acceptable*)

U.S. Taxpayer Identification Number (TIN)

8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

(a) Is the entity a tax resident of any other country outside of Australia?

- Yes** *Please provide details below and continue to part 8(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided*
1.	_____	_____	_____
2.	_____	_____	_____

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the entity is unable to obtain a TIN:

- No** *Continue to part 8(b)*

(b) Is the entity a Financial Institution for the purposes of CRS?


- Yes** *Continue to part 8(c)*
- No** *Skip to part 8(d)*

(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

- Yes** *Skip to part 8(e)*
- No** *Skip to part 9*

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

(d) Is the entity an Active Non-Financial Entity (Active NFE)?

- Yes  Please specify the type of Active NFE below and then skip to part 9
- Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income
- No *The entity is a Passive Non-Financial Entity (Passive NFE). Continue to part 8(e)*

(e) Controlling Persons – Does the following apply to the entity:

- Is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?

- Yes  Complete details below for these persons and then continue to part 9

Person 1	Person 2
Name	Name
Position (e.g. trustee / beneficiary)	Position (e.g. trustee / beneficiary)
Date of Birth	Date of Birth
Residential address	Residential address
Country of Tax Residence	Country of Tax Residence
Tax Identification Number (TIN) or equivalent	Tax Identification Number (TIN) or equivalent
Reason Code if no TIN provided*	Reason Code if no TIN provided*

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

If there are more than 2 controlling persons, please list them on a separate piece of paper

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B:** The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the person is unable to obtain a TIN:

- No *Continue to part 9*

9. Design and Distribution Obligations – Target Market

Are you a “wholesale client” investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a “wholesale investor” as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

- Yes *Continue to part 10* No *Please answer the following question*

Have you received personal financial advice in relation to this proposed investment in the Fund?

- Yes *Continue to part 10* No

If ‘No’, please answer the following questions to assist Auscap in determining whether you may be in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund’s target market can be found at www.auscapam.com. The following questionnaire is not a self-certification that you are in the target market for the Fund. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.

A. Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap’s minimum suggested investment timeframe is five years)?

- Yes No

B. Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

- Yes No

C. Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

- Yes No

D. Investments in Australian shares are considered to have a high risk / return profile under the definition in the Fund’s Target Market Determination. The Fund predominantly invests in Australian shares. Are you comfortable with this risk / return profile?

- Yes No

E. From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month’s notice?

- Yes No

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

10. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement (including the Additional Information Guide) to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If I/we have received the PDS (including the Additional Information Guide) from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me in this Application Form are true and correct.
- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS (including the Additional Information Guide) and of the Constitution, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I/we notify the Responsible Entity otherwise.
- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.

- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Law. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Law and I/we indemnify it against any loss caused by my/our failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of the AML Law. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my application and holdings being disclosed in accordance with the Privacy section of the PDS (including the Additional Information Guide).
- I/we confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and Administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and Administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and the Administrator and provide them with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or the Administrator to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS (including the Additional Information Guide) and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS (including the Additional Information Guide), which may involve my/our personal information being provided to parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.

SMSF OR TRUSTS WITH INDIVIDUALS AS TRUSTEES

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

Any individual to sign
 Any two individuals to sign
 All individuals to sign

Other (please specify):

<p>Signature <i>Print to sign</i></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="button" value="Sign ▶"/></p> <p>Print Name</p> <p><input style="width: 100%;" type="text"/></p> <p>Title (select one)</p> <p> <input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> </p> <p>Date</p> <p><input style="width: 100%;" type="text"/></p>	<p>Signature <i>Print to sign</i></p> <p><input style="width: 100%;" type="text"/></p> <p><input type="button" value="Sign ▶"/></p> <p>Print Name</p> <p><input style="width: 100%;" type="text"/></p> <p>Title (select one)</p> <p> <input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> </p> <p>Date</p> <p><input style="width: 100%;" type="text"/></p>
---	---

11. Required Documents

Please provide the following documents:

- **Original signed application form**
- **Certified copy or certified extract of the Trust Deed (certified within the last 12 months)**
- **Certified IDs of trustees (certified within the last 12 months)**
- **Certified ID for all Beneficial Owners of the Trust (certified within the last 12 months)**
- **Certified ID for the settlor of the trust (certified within the last 12 months), unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD\$10,000 on creation of the trust**

12. Email and post required documents

Please **scan and email** this completed form and other required documents to auscap@cm.mpms.mufg.com and then **post** the originals to:

**MUFG Corporate Markets FS Pty Ltd
Unitholder Services
Attention: Auscap Fund Unit Registry
Locked Bag 5038
Parramatta NSW 2124**

13. Payment Details

Electronic Funds Transfer (EFT) to :	Bank:	ANZ
	BSB:	012 006
	Account Number:	836165921
	Account Name:	Auscap Asset Management ATF Auscap High Conviction Australian Equities Fund
	Reference:	(Investor Name)

SECTION 3
MONTHLY CLASS APPLICATION FORM FOR PDS DATED 4 SEPTEMBER 2025
Auscap High Conviction Australian Equities Fund
 ARSN 615 542 213

This application form relates to the Product Disclosure Statement dated 4 September 2025 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS, including the Additional Information Guide (Guide), in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS and the Guide have the same meaning in this Application Form.

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

COMPLETE THIS FORM FOR SMSF or OTHER TRUSTS with COMPANY AS TRUSTEE

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

New Investor Name: *Name of the holding in a format that you want to appear on the Register of Unitholders*

1. Contact Details

These contact details will be used for all investment related communication.

Full given name(s)	Surname
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Mobile	Home or Work Phone
<input style="width: 100%; height: 24px;" type="text"/>	<input style="width: 100%; height: 24px;" type="text"/>

Email *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

Address for communications

Street	<input style="width: 100%; height: 24px;" type="text"/>		
Suburb	<input style="width: 100%; height: 24px;" type="text"/>		
State	Postcode	Country	<input style="width: 100%; height: 24px;" type="text"/>

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

Adviser name

Dealer Group

Adviser Firm

AFSL Number

Telephone/Mobile

Contact Email

Mailing address

Street

Suburb

State

Postcode

Country

3. Investment Details

Amount AUD \$

Note that the minimum initial investment amount is \$10,000

Purpose of Investment

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

Yes, please specify

No

Source of Funds

Savings

Business activity

Real estate

Gift

Salary

Financial investments

Inheritance

Other (please specify)

SMSF OR OTHER TRUSTS
WITH A COMPANY AS TRUSTEE

4. Company Details

Full legal name of the Company

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees)

Regulator name

Licence Number (e.g. AFSL, ACL, RSE)

Australian listed company or Foreign listed company

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market or exchange

Foreign company

Country of formation / incorporation / registration

Company ACN

Exemption Number (if applicable):

Registered Company Address (PO Box is NOT acceptable)

Street

Suburb

State Postcode Country

Company Principal Place of Business (PO Box is NOT acceptable)

Same as Registered Company Address above

OR

Street

Suburb

State Postcode Country

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

4.1 Company Type *(select only ONE of the following categories)*

- Australian Listed Public Company** *Skip to part 5*
- Australian Proprietary / Private Company or Non-Listed Public Company** *Continue to parts 4.2 and 4.3*
- Foreign Company** *Continue to parts 4.2 and 4.3*

4.2 Directors *(only needs to be completed for proprietary / private or non-listed public companies)*

How many directors are there?

Please provide the full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more directors, please provide details on a separate sheet of paper and attach it to your Application Form.

4.3 Beneficial Owners including Shareholders *only needs to be completed for companies that are not Australian listed public companies, majority owned by an Australian listed public company or that are not regulated*

Please provide details of ALL individuals who are beneficial owners (directly or indirectly) of 25% or more of the company's issued capital or who directly or indirectly control the company. Control includes exercising control through the capacity to determine decisions about financial or operational policies, or by means of trusts, agreements, arrangements, understandings and practices, voting rights of 25% or more or power of veto.

Shareholder 1

Full given name(s) **Surname**

Residential address *(PO Box is NOT acceptable)*

Street
 Suburb
 State Postcode Country

Shareholder 2

Full given name(s) **Surname**

Residential address *(PO Box is NOT acceptable)*

Street
 Suburb
 State Postcode Country

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

Shareholder 3

Full given name(s)	Surname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input style="width: 90%;" type="text"/>		
Suburb	<input style="width: 95%;" type="text"/>		
State	Postcode	Country	<input style="width: 30%;" type="text"/>

If there are more shareholders, please provide details on a separate sheet of paper and attach it to your Application Form.

5. Trust Details

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

SMSF or Trust

Name

Are you a resident of Australia for taxation purposes? (Select one of the following options)

Yes – Please complete the below

No – Please provide country of residence:

Tax File Number (TFN) of the Trust

Australian Business Number (ABN) of the Trust

Exemption Number (if applicable):

Country of establishment of trust:

Type of trust (e.g. family trust, discretionary trust):

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

5.1. Settlor

Name of Settlor of the trust (if applicable – note that this part is not applicable for SMSFs):

Full given name(s)	Surname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Was there no settlor, did the settlor contribute less than AUD\$10,000 on creation of the trust or is the settlor deceased?

(Select one of the following options)

Yes **No**

5.2. Beneficial Owners (Please state if Trustees and Beneficial Owners are the same)

Please provide the names of individuals that directly or indirectly control the trust. This may be the individuals identified as the trustee(s) above, however these individuals must be listed again below to confirm that they are the trust's beneficial owner. This includes control by acting as trustee, or by means of trusts, agreements, understandings and practices, or exercising control through the capacity to direct the trustees, or the ability to appoint or remove the trustee(s). Note that this part is not applicable for SMSFs.

Beneficial Owner 1

Full given name(s) Surname Date of Birth (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street
 Suburb
 State Postcode Country

Beneficial Owner 2

Full given name(s) Surname Date of Birth (dd/mm/yyyy) / /

Residential address (PO Box is NOT acceptable)

Street
 Suburb
 State Postcode Country

5.3. Beneficiaries

Note that this part is not applicable for SMSFs.

Beneficiary 1

Full given name(s) Surname Date of Birth (dd/mm/yyyy) / /

Address

Street
 Suburb
 State Postcode Country

Class of Beneficiary:

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

Beneficiary 2

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 60%;" type="text"/>

Address

Street

Suburb

State Postcode Country

Class of Beneficiary:

If Beneficiaries are identified by reference to a class, then provide detail of the class. This may not be applicable to all trusts, if this is not applicable leave blank.

6. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

Reinvest my distributions

 Pay my distributions in cash

7. Bank Accounts

Your bank account details Distributions and withdrawal proceeds can only be paid to a bank account nominated by the unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank	<input style="width: 95%;" type="text"/>
Branch Name	<input style="width: 95%;" type="text"/>
BSB	<input style="width: 25%;" type="text"/> Account Number <input style="width: 70%;" type="text"/>
Account Name	<input style="width: 95%;" type="text"/>

For bank accounts outside Australia, please provide the following additional details:

Beneficiary Bank Address	<input style="width: 95%;" type="text"/>		
National Beneficiary Bank Clearing Code (if applicable)	<input style="width: 25%;" type="text"/>	Beneficiary Bank SWIFT Code	<input style="width: 50%;" type="text"/>
Intermediary Bank details (if applicable)	<input style="width: 95%;" type="text"/>		

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

8. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

Full legal name of the SMSF or other Trust

Select only ONE of the following options that best describes the SMSF or other Trust and provide the information requested.

The entity is an Australian Retirement Fund (refer to FATCA & CRS terms) **or a SMSF**
Skip to part 10

The entity is not an Australian Retirement Fund (refer to FATCA & CRS terms) **or a SMSF**
 Please complete details below

Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

1. U.S. person as defined under FATCA and U.S. Internal Revenue Code.

This includes but is not limited to company, trust or partnership that is established under the laws of the U.S. and is considered a U.S. resident for tax purposes.

Please also answer questions (a) and (b) below and then continue to part 9

(a) U.S. federal tax classification Please confirm entity's U.S. federal tax classification below

- Single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company – C corporation
 Limited liability company – S corporation
 Limited liability company – Partnership
 Other Please provide detail:

(b) Is the entity exempt from FATCA reporting?

Yes Please provide the entity's FATCA exemption code

No Please provide the entity's U.S. Taxpayer Identification Number (TIN)

2. Financial institution (FFI) Select one of the options from (a) to (e) to confirm which type of FFI the entity is

(a) Reporting IGA FFI or Participating FFI GIIN
 Provide entity's GIIN and continue to part 9

(b) Sponsored FFI or Trustee Documented Trust
Please complete details of the Sponsoring Entity or Trustee below and continue to part 9

Name of Sponsoring Entity or Trustee	GIIN of Sponsoring Entity or Trustee


(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI) Please complete details below and continue to part 9

FATCA status	GIIN (if applicable)

(d) Non-participating FFI Note that information about the entity will be reported to the ATO and IRS. Continue to part 9

(e) Exempt Beneficial Owner Continue to part 9


SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

3. Non-Financial Foreign Entity (NFFE)  *Select one of the options from (a) or (b) to confirm which type of NFFE the entity is*

(a) Active NFFE *Continue to part 9*

(b) Passive NFFE  *Please select (i) or (ii) below*

(i) with no controlling U.S. persons *Continue to part 9*

(ii) with controlling persons (refer to FATCA & CRS terms) who are U.S. citizens or U.S. residents for tax purposes?  *Please provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach it to this form) and continue to part 9*

<i>U.S. Person 1</i>	<i>U.S. Person 2</i>
<input type="checkbox"/> Controlling Person <input type="checkbox"/> Beneficiary <input type="checkbox"/> Trustee <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Other – <i>please specify</i>	<input type="checkbox"/> Controlling Person <input type="checkbox"/> Beneficiary <input type="checkbox"/> Trustee <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Other – <i>please specify</i>
Full Name	Full Name
Residential address (<i>PO box is not acceptable</i>)	Residential address (<i>PO box is not acceptable</i>)
U.S. Taxpayer Identification Number (TIN)	U.S. Taxpayer Identification Number (TIN)

9. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

(a) Is the entity a tax resident of any other country outside of Australia?

Yes  *Please provide details below and continue to part 9(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

	Country of Tax Residence	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided*
1.			
2.			

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the entity is unable to obtain a TIN:

No *Continue to part 9(b)*

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

(b) Is the entity a Financial Institution for the purposes of CRS?

- Yes *Continue to part 9(c)*
- No *Skip to part 9(d)*

(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

- Yes *Skip to part 9(e)*
- No *Skip to part 10*

(d) Is the entity an Active Non-Financial Entity (Active NFE)?

- Yes *Please specify the type of Active NFE below and then skip to part 10*
 - Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income
 - Corporation that is regularly traded or a related entity of a regularly traded corporation
 - Governmental Entity, International Organisation or Central Bank
- No *The entity is a Passive Non-Financial Entity (Passive NFE). Continue to part 9(e)*

(e) Controlling Persons – Does the following apply to the entity:

- Is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?
- Yes *Complete details below for these persons and then continue to part 10*

Person 1	Person 2
Name	Name
Position (e.g. trustee / beneficiary)	Position (e.g. trustee / beneficiary)
Date of Birth	Date of Birth
Residential address	Residential address
Country of Tax Residence	Country of Tax Residence
Tax Identification Number (TIN) or equivalent	Tax Identification Number (TIN) or equivalent
Reason Code if no TIN provided*	Reason Code if no TIN provided*

SMSF OR OTHER TRUSTS WITH A COMPANY AS TRUSTEE

If there are more than 2 controlling persons, please list them on a separate piece of paper

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B:** The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the person is unable to obtain a TIN:

No *Continue to part 10*

10. Design and Distribution Obligations – Target Market

Are you a “wholesale client” investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a “wholesale investor” as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

Yes *Continue to part 11* No *Please answer the following question*

Have you received personal financial advice in relation to this proposed investment in the Fund?

Yes *Continue to part 11* No

If ‘No’, please answer the following questions to assist Auscap in determining whether you may be in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund’s target market can be found at www.auscapam.com. The following questionnaire is not a self-certification that you are in the target market for the Fund. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.

A. Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap’s minimum suggested investment timeframe is five years)?

Yes No

B. Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

Yes No

C. Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

Yes No

D. Investments in Australian shares are considered to have a high risk / return profile under the definition in the Fund’s Target Market Determination. The Fund predominantly invests in Australian shares. Are you comfortable with this risk / return profile?

Yes No

E. From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month’s notice?

Yes No

SMSF OR OTHER TRUSTS
WITH A COMPANY AS TRUSTEE

11. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement (including the Additional Information Guide) to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If /we have received the PDS (including the Additional Information Guide) from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me in this Application Form are true and correct.
- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS (including the Additional Information Guide) and of the Constitution, as amended.

- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I/we notify the Responsible Entity otherwise.
- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.
- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Law. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Law and I/we indemnify it against any loss caused by my/our failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my/our investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of the AML Law. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my/our application and holdings being disclosed in accordance with the Privacy section of the PDS (including the Additional Information Guide).
- I/we confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me/us by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and Administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and Administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and the Administrator and provide them with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or the Administrator to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS (including the Additional Information Guide) and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS (including the Additional Information Guide), which may involve my/our personal information being provided to parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

- Any individual to sign
 Any two individuals to sign
 All individuals to sign
 Other (please specify):

<p>Signature <i>Print to sign</i> <input type="button" value="Sign ▶"/></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Print Name <input style="width: 100%;" type="text"/></p> <p>Title (select one)</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Sole Director</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Trustee</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p> <p>Date <input style="width: 100%;" type="text"/></p>	<p>Signature <i>Print to sign</i> <input type="button" value="Sign ▶"/></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Print Name <input style="width: 100%;" type="text"/></p> <p>Title (select one)</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Sole Director</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Trustee</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p> <p>Date <input style="width: 100%;" type="text"/></p>
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**SMSF OR OTHER TRUSTS
WITH A COMPANY AS TRUSTEE**

12. Required Documents

Please provide the following documents:

- **Original signed application form**
- **Certified copy or certified extract of the Trust Deed (certified within the last 12 months)**
- **Certified IDs for each of the beneficial owners of the trust and company (certified within the last 12 months)**
- If there is a corporate trustee who is a foreign company NOT registered with ASIC, please attach a certified copy of the certification of registration issued by the relevant foreign registration body
- **Certified ID for the settlor of the trust (certified within the last 12 months), unless there was no settlor, the settlor is deceased or the settlor contributed less than AUD\$10,000 on creation of the trust**

13. Email and post required documents

Please **scan and email** this completed form and other required documents to auscap@cm.mpms.mufg.com and then **post** the originals to:

**MUFG Corporate Markets FS Pty Ltd
Unitholder Services
Attention: Auscap Fund Unit Registry
Locked Bag 5038
Parramatta NSW 2124**

14. Payment Details

Electronic Funds Transfer (EFT) to :	Bank:	ANZ
	BSB:	012 006
	Account Number:	836165921
	Account Name:	Auscap Asset Management ATF Auscap High Conviction Australian Equities Fund
	Reference:	(Investor Name)

SMSF OR OTHER TRUSTS
WITH A COMPANY AS TRUSTEE

SECTION 4
MONTHLY CLASS APPLICATION FORM FOR PDS DATED 4 SEPTEMBER 2025
Auscap High Conviction Australian Equities Fund

ARSN 615 542 213

This application form relates to the Product Disclosure Statement dated 4 September 2025 (PDS) issued by Auscap Asset Management Limited ABN 11 158 929 143, AFSL 428014. Please read the PDS, including the Additional Information Guide (Guide), in full before completing this Application Form. Unless otherwise specified, terms defined in the PDS and the Guide have the same meaning in this Application Form.

COMPANY

COMPLETE THIS FORM AS A COMPANY

Please provide the name of the holding (in a format that you want to appear on the Register of Unitholders).

New Investor Name: *Name of the holding in a format that you want to appear on the Register of Unitholders*

1. Contact Details

These contact details will be used for all investment related communication

Full given name(s)

Surname

Mobile

Home or Work Phone

Email *Please provide contact email address that is to be used for all correspondence. You can provide more than 1 email address.*

Address for communications

Street

Suburb

State

Postcode

Country

COMPANY

2. Adviser Details

By completing this section, you nominate the named adviser as your financial adviser for the purposes of your investment in the Fund. You also consent to give your financial adviser access to your account information and to receive copies of all statements and transaction confirmations.

Adviser name

Dealer Group

Adviser Firm

AFSL Number

Telephone/Mobile

Contact Email

Mailing address

Street

Suburb

State

Postcode

Country

3. Investment Details

Amount AUD \$

Note that the minimum initial investment amount is \$10,000

Purpose of Investment

Would you like to outline the purpose of your investment (e.g. superannuation, portfolio investment, etc.)?

Yes, please specify

No

Source of Funds

Savings

Business activity

Real estate

Gift

Salary

Financial investments

Inheritance

Other (please specify)

COMPANY

4. Company Details

Full legal name of the Company

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees)

Regulator name

Licence Number

(e.g. AFSL, ACL, RSE)

Australian listed company or Foreign listed company

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market or exchange

Foreign company

Country of formation /
incorporation / registration

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN or claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy and other levies as applicable). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

Company ACN

Australian Business Number (ABN) of the Company

Tax File Number (TFN) of the Company

Exemption Number (if applicable):

Registered Company Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Company Principal Place of Business (PO Box is NOT acceptable)

Same as Registered Company Address above

OR

Street

Suburb

State

Postcode

Country

COMPANY

4.1 Company Type (select only ONE of the following categories)

- Australian Listed Public Company *Skip to part 5*
- Australian Proprietary / Private Company or Non-Listed Public Company *Continue to parts 4.2 and 4.3*
- Foreign Company *Continue to parts 4.2 and 4.3*

4.2 Directors (only needs to be completed for proprietary / private or non-listed public companies)

How many directors are there?

Please provide the full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more directors, please provide details on a separate sheet of paper and attach it to your Application Form.

4.3 Beneficial Owners including Shareholders *only needs to be completed for companies that are not Australian listed public companies, majority owned by an Australian listed public company or that are not regulated*

Please provide details of ALL individuals who are beneficial owners (directly or indirectly) of 25% or more of the company's issued capital or who directly or indirectly control the company. Control includes exercising control through the capacity to determine decisions about financial or operational policies, or by means of trusts, agreements, arrangements, understandings and practices, voting rights of 25% or more or power of veto.

Please provide certified copies of each of the above persons IDs

Shareholder 1

Full given name(s)	<input type="text"/>	Surname	<input type="text"/>
---------------------------	----------------------	----------------	----------------------

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

COMPANY

Shareholder 2

Full given name(s)	Surname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input style="width: 90%;" type="text"/>				
Suburb	<input style="width: 95%;" type="text"/>				
State	<input style="width: 10%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>	Country	<input style="width: 55%;" type="text"/>

Shareholder 3

Full given name(s)	Surname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input style="width: 90%;" type="text"/>				
Suburb	<input style="width: 95%;" type="text"/>				
State	<input style="width: 10%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>	Country	<input style="width: 55%;" type="text"/>

If there are more shareholders, please provide details on a separate sheet of paper and attach it to your Application Form.

5. Distributions

Please indicate whether you would like to receive distributions in cash or have them automatically reinvested into the Fund. If you leave this block blank, distributions will automatically be reinvested into the Fund (the default option).

Reinvest my distributions

 Pay my distributions in cash

6. Bank Accounts

Your bank account details Distributions and withdrawal proceeds can only be paid to a bank account nominated by the unitholder. By completing this section, you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

Beneficiary Bank	<input style="width: 80%;" type="text"/>		
Branch Name	<input style="width: 95%;" type="text"/>		
BSB	<input style="width: 15%;" type="text"/>	Account Number	<input style="width: 30%;" type="text"/>
Account Name	<input style="width: 95%;" type="text"/>		

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Your bank account details (continued) For bank accounts outside Australia, please provide the following additional details:

Beneficiary Bank Address			
National Beneficiary Bank Clearing Code (if applicable)		Beneficiary Bank SWIFT Code	
Intermediary Bank details (if applicable)			

7. Foreign Account Tax Compliance Act (FATCA)

Please see explanation of FATCA on page 4 above.

Full legal name of the entity

Select only ONE of the following three FATCA categories that best describes the entity and provide the information requested.

1. U.S. person as defined under FATCA and U.S. Internal Revenue Code.
 This includes but is not limited to company, trust or partnership that is established under the laws of the U.S. and is considered a U.S. resident for tax purposes.

Please also answer questions (a) and (b) below and then continue to part 8

(a) U.S. federal tax classification Please confirm entity's U.S. federal tax classification below

- Single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company – C corporation
 Limited liability company – S corporation
 Limited liability company – Partnership
 Other Please provide detail:

(b) Is the entity exempt from FATCA reporting?

Yes Please provide the entity's FATCA exemption code

No Please provide the entity's U.S. Taxpayer Identification Number (TIN)

2. Financial institution (FFI) Select one of the options from (a) to (e) to confirm which type of FFI the entity is

(a) Reporting IGA FFI or Participating FFI GIIN
 Provide entity's GIIN and continue to part 8

(b) Sponsored FFI or Trustee Documented Trust
 Please complete details of the Sponsoring Entity or Trustee below and continue to part 8

Name of Sponsoring Entity or Trustee	GIIN of Sponsoring Entity or Trustee

(c) FFI that does not need to register (e.g. Non-Reporting IGA FFI) Please complete details below and continue to part 8

FATCA status	GIIN (if applicable)

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- (d) **Non-participating FFI** *Note that information about the entity will be reported to the ATO and IRS. Continue to part 8*
- (e) **Exempt Beneficial Owner** *Continue to part 8*
- 3. Non-Financial Foreign Entity (NFFE)** *Select one of the options from (a) or (b) to confirm which type of NFFE the entity is*
- (a) **Active NFFE** *Continue to part 8*
- (b) **Passive NFFE** *Please select (i) or (ii) below*
- (i) **with no controlling U.S. persons** *Continue to part 8*
- (ii) **with controlling persons (refer to FATCA & CRS terms) who are U.S. citizens or U.S. residents for tax purposes?** *Please provide details of each of the controlling U.S. persons below (if there are more than 2 controlling U.S. persons please provide their details on a separate page and attach it to this form) and continue to part 8*

U.S. Person 1	U.S. Person 2
<input type="checkbox"/> Controlling Person <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Other – <i>please specify</i>	<input type="checkbox"/> Controlling Person <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Other – <i>please specify</i>
Full Name	Full Name
Residential address (<i>PO box is not acceptable</i>)	Residential address (<i>PO box is not acceptable</i>)
U.S. Taxpayer Identification Number (TIN)	U.S. Taxpayer Identification Number (TIN)

8. Common Reporting Standard (CRS)

Please see explanation of CRS on page 4 above.

(a) Is the entity a tax resident of any other country outside of Australia?

- Yes** *Please provide details below and continue to part 8(b). If resident in more than one jurisdiction please include details for all jurisdictions below (if more than 2 jurisdictions please provide them on a separate piece of paper)*

	Tax Identification Number (TIN) or equivalent	Reason Code if no TIN provided*
1. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

*If TIN or equivalent is not provided, please provide the reason from the following options:

- **Reason A:** The country/jurisdiction where the entity is resident does not issue TINs to its residents
- **Reason B:** The entity is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

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If Reason B has been selected above, explain why the entity is unable to obtain a TIN:

No *Continue to part 8(b)*

(b) Is the entity a Financial Institution for the purposes of CRS?

Yes *Continue to part 8(c)*

No *Skip to part 8(d)*

(c) Is the entity an Investment Entity (Financial Institution) located in a Non-Participating Jurisdiction for CRS purposes and managed by another Financial Institution?

Yes *Skip to part 8(e)*

No *Skip to part 9*

(d) Is the entity an Active Non-Financial Entity (Active NFE)?

Yes *Please specify the type of Active NFE below and then skip to part 9*

Less than 50% of the Active NFE's gross income from the preceding calendar year is passive income and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income

Corporation that is regularly traded or a related entity of a regularly traded corporation

Governmental Entity, International Organisation or Central Bank

No *The entity is a Passive Non-Financial Entity (Passive NFE). Continue to part 8(e)*

(e) Controlling Persons – Does the following apply to the entity:

- Is any natural person that exercises control over the entity (this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?

Yes *Complete details below for these persons and then continue to part 9*

Person 1	Person 2
Name	Name
<div style="background-color: #fff9c4; height: 20px;"></div>	<div style="background-color: #fff9c4; height: 20px;"></div>
Position (e.g. director)	Position (e.g. director)
<div style="background-color: #fff9c4; height: 20px;"></div>	<div style="background-color: #fff9c4; height: 20px;"></div>
Date of Birth	Date of Birth
<div style="background-color: #fff9c4; height: 20px;"></div>	<div style="background-color: #fff9c4; height: 20px;"></div>
Residential address	Residential address
<div style="background-color: #fff9c4; height: 20px;"></div>	<div style="background-color: #fff9c4; height: 20px;"></div>
Country of Tax Residence	Country of Tax Residence
<div style="background-color: #fff9c4; height: 20px;"></div>	<div style="background-color: #fff9c4; height: 20px;"></div>
Tax Identification Number (TIN) or equivalent	Tax Identification Number (TIN) or equivalent
<div style="background-color: #fff9c4; height: 20px;"></div>	<div style="background-color: #fff9c4; height: 20px;"></div>
Reason Code if no TIN provided*	Reason Code if no TIN provided*
<div style="background-color: #fff9c4; height: 20px;"></div>	<div style="background-color: #fff9c4; height: 20px;"></div>

If there are more than 2 controlling persons, please list them on a separate piece of paper

*If TIN or equivalent is not provided, please provide the reason from the following options:

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- **Reason A:** The country/jurisdiction where the person is resident does not issue TINs to its residents
- **Reason B:** The person is otherwise unable to obtain a TIN or equivalent number (Please explain why the person is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

If Reason B has been selected above, explain why the person is unable to obtain a TIN:

No *Continue to part 9*

9. Design and Distribution Obligations – Target Market

Are you a “wholesale client” investor as defined under sections 761G and 761GA of the *Corporations Act 2001* (Cth) (Australia) or a “wholesale investor” as defined in the *Financial Markets Conduct Act 2013* (New Zealand)?

Yes *Continue to part 10* No *Please answer the following question*

Have you received personal financial advice in relation to this proposed investment in the Fund?

Yes *Continue to part 10* No

If ‘No’, please answer the following questions to assist Auscap in determining whether you may be in the target market for the Fund. The Design and Distribution Obligations under the Corporations Act are intended to ensure that financial products are targeted at the right people. More information on the Fund’s target market can be found at www.auscapam.com. The following questionnaire is not a self-certification that you are in the target market for the Fund. Being in the target market for the Fund should not be taken as a representation or confirmation by Auscap Asset Management Limited that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs.

A. Do you have a medium to long term investment timeframe in relation to this proposed investment in the Fund (Auscap’s minimum suggested investment timeframe is five years)?

Yes No

B. Are you seeking an investment that is primarily intended to provide capital growth without the need to provide a regular income stream?

Yes No

C. Would this proposed investment in the Fund form part of a diversified investment portfolio for you (across different asset classes)?

Yes No

D. Investments in Australian shares are considered to have a high risk / return profile under the definition in the Fund’s Target Market Determination. The Fund predominantly invests in Australian shares. Are you comfortable with this risk / return profile?

Yes No

E. From a liquidity perspective, are you comfortable with monthly redemptions with a minimum one month’s notice?

Yes No

10. Declaration and Signature

I/we acknowledge, declare and agree that by signing this Application Form:

- I/we have received and read the Product Disclosure Statement (including the Additional Information Guide) to which this Application Form applies and have received and accepted the offer to invest in the Fund in Australia or New Zealand.
- If I/we have received the PDS (including the Additional Information Guide) from the internet or other electronic means, that I/we received it personally or a print out of it, accompanied by this Application Form.
- All details provided by me/us in this Application Form are true and correct.

- If this application form is signed by joint applicants, we agree that we hold the units as joint tenants and either of us may operate the account and bind the other, including with respect to future transactions such as applications or withdrawals.
- I/we are not bankrupt or a minor.
- I/we agree to be bound by the terms and conditions of the current PDS (including the Additional Information Guide) and of the Constitution, as amended.
- That the Responsible Entity is authorised to apply the TFN or ABN provided above to all future applications for units, including reinvestments, unless I/we notify the Responsible Entity otherwise.
- None of the representatives, employees, directors or shareholders of the Responsible Entity, or any other person guarantees the repayment of capital invested in the Fund, the performance of the Fund or any particular return from the Fund and I/we understand the risks involved in investing in the Fund.
- I/we acknowledge that the Responsible Entity may be required to pass on information about me/us or my/our investment to the relevant regulatory authority in compliance with the AML Law. I/we will provide such information and assistance that may be requested by the Responsible Entity to comply with its obligations under the AML Law and I/we indemnify it against any loss caused by my/our failure to provide such information or assistance.
- The monies used to fund my/our investment in the Fund are not derived from, or related to, any money laundering, terrorism financing or other illegal activities, whether prohibited under Australian law, international law or convention ('illegal activity') and the proceeds of my/our investment in the Fund will not be used to finance any illegal activities.
- I/we am/are not a "politically exposed" person or organisation for the purpose of the AML Law. A "politically exposed" person is (i) an individual who holds a prominent public position or function in a government body or international organisation, and/or (ii) an immediate family member or close associate of such an individual.
- I/we consent to details about my application and holdings being disclosed in accordance with the Privacy section of the PDS.
- I/we confirm that the Responsible Entity and Administrator are authorised to accept and act upon any instructions in respect of this application and the units to which it relates given by me/us by mail or email. If instructions are given by email, the onus is on me/us to ensure that such instructions are received in legible form and I/we undertake to confirm them in writing. I/we indemnify the Responsible Entity and Administrator against any loss arising as a result of any of them acting on email instructions. The Responsible Entity and Administrator may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/we declare that the information provided in this form is correct and where relevant reflects my/our tax status for the purposes of FATCA & CRS.
- I/we will promptly notify the Responsible Entity and the Administrator and provide them with any changes to the information provided by me/us in connection with this form and on request provide any further information reasonably required by the Responsible Entity and/or the Administrator to comply with any obligation under FATCA or CRS.
- I/we acknowledge that I/we have read and understood the privacy section in the PDS (including the Additional Information Guide) and consent to the collection, handling, use and disclosure of my/our personal information in accordance with the Privacy Act 1988 and as described in the PDS (including the Additional Information Guide), which may involve my/our personal information being provided to parties in overseas locations such as India.
- I/we acknowledge that the Responsible Entity reserves the right to reject any application.

Account operating instructions (if no selection is made, all individuals to sign will be assumed)

Any individual to sign
 Any two individuals to sign
 All individuals to sign

Other (please specify):

<p>Signature <i>Print to sign</i></p> <p><input style="width: 100%; height: 30px;" type="text"/></p> <p><input style="background-color: #f0e68c; border: none; padding: 2px 5px; font-weight: bold; font-size: 0.8em; margin-left: 10px;" type="button" value="Sign"/></p> <p>Print Name</p> <p><input style="width: 100%; height: 30px;" type="text"/></p> <p>Title (select one)</p> <p> <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Other <input style="width: 150px; height: 20px;" type="text"/> </p> <p>Date</p> <p><input style="width: 100%; height: 30px;" type="text"/></p>	<p>Signature <i>Print to sign</i></p> <p><input style="width: 100%; height: 30px;" type="text"/></p> <p><input style="background-color: #f0e68c; border: none; padding: 2px 5px; font-weight: bold; font-size: 0.8em; margin-left: 10px;" type="button" value="Sign"/></p> <p>Print Name</p> <p><input style="width: 100%; height: 30px;" type="text"/></p> <p>Title (select one)</p> <p> <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Other <input style="width: 150px; height: 20px;" type="text"/> </p> <p>Date</p> <p><input style="width: 100%; height: 30px;" type="text"/></p>
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11. Required Documents

Please provide the following documents:

- **Original signed application form**
- **Certified IDs for all beneficial owners (certified within the last 12 months)**
- **Certified copy of the company's incorporation/registration (certified within the last 12 months)**

12. Email and post required documents

Please **scan and email** this completed form and other required documents to auscap@cm.mpms.mufg.com and then **post** the originals to:

MUFG Corporate Markets FS Pty Ltd
Unitholder Services
Attention: Auscap Fund Unit Registry
Locked Bag 5038
Parramatta NSW 2124

13. Payment Details

Electronic Funds Transfer (EFT) to :	Bank:	ANZ
	BSB:	012 006
	Account Number:	836165921
	Account Name:	Auscap Asset Management ATF Auscap High Conviction Australian Equities Fund
	Reference:	(Investor Name)