

Application Form

DNR Capital Funds

This Application Form relates to a Product Disclosure Statement ("PDS") issued by The Trust Company (RE Services) Limited as part of the Perpetual group of companies ABN 45 003 278 831, AFSL 235150 as the Responsible Entity ("RE"), in relation to the following DNR Capital Funds. Terms defined in the PDS have the same meaning in this Application Form. The PDS contains important information about investing in the DNR Capital Funds, and you are advised to read the PDS before completing this Application Form.

If you have any questions relating to the completion of this form, please contact the unit registry on 1300 133 451.

| Funds | APIR | ARSN | PDS Issue Date |
|---|-----------|-------------|----------------|
| DNR Capital Australian Equities High Conviction Fund Retail (R) class | PIM0028AU | 604 465 849 | 19 June 2024 |
| DNR Capital Australian Emerging Companies Fund | PIM4357AU | 627 783 957 | 19 June 2024 |
| DNR Capital Australian Equities Income Fund | PIM8302AU | 639 285 902 | 19 June 2024 |

Do you have an existing account within a DNR Capital Fund?

| | |
|-----|---|
| Yes | The investment in this application will be in a different DNR Capital Fund however it will have the same name and capacity as my existing account, and there are no changes to any of my other details. My investor number is _____ Please complete section 1 and then proceed to section 6. If there are any changes to your other details, please complete section 1 and then proceed to section 3. |
| No | Please continue to section 1. |

If you are an existing Unitholder/s and this is an additional investment, please use the **'Additional Application Form'** available from the website www.dnrcapital.com.au/managedfunds.

If you are a new investor, or if you are an existing Unitholder/s and this investment is NOT in the same name/s and fund as your existing account, please complete the sections of this Application Form and the Identification Form/s noted below in Section 1.

If you have any questions relating to the completion of this form, please contact the unit registry on 1300 133 451.

1 Consumer attributes

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

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

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

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

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

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

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

| | | | |
|--|--|---|---|
| What is your primary investment objective? | Capital growth Capital preservation Income distribution | What is your investment time horizon? | Up to and including 2 years i.e. Short term More than 2 years but less than 5 years i.e. Medium term Equal to 5 years but less than 7 years i.e. Medium to long term Equal to 7 years or more i.e. Long term |
| What is your intended use of this investment in your investment portfolio? | Standalone portfolio up to 100% Major allocation up to 75% Core component up to 50% Minor allocation up to 25% Satellite component up to 10% | What do you anticipate your withdrawal needs? | Weekly Monthly Quarterly Yearly More often than one year |
| What is your tolerance for risk (able to bear loss)? | Extremely high Very high High Medium Low | Where did you hear about the Fund? | Financial adviser Platform Research house Other please specify |

2 Investor type

Please tick ✓ one box below and complete the relevant sections of the Application Form and required Identification Form/s in capital letters using a black pen.

| Investor type | | Complete sections | Required Identification Form* |
|--------------------------------|---|---------------------|---|
| Individual and Joint investors | A natural person or persons. | 3, 5, 6, 7, 8 and 9 | Form A—Individuals. |
| Sole trader | A natural person operating a business under their own name with a registered business name. | 4, 5, 6, 7, 8 and 9 | Form A—Individuals. |
| Companies | A company registered as an Australian public company or an Australian proprietary company, or a foreign company. | 4, 5, 6, 7, 8 and 9 | For a Company complete the relevant form based on the company type either Form B or C. All Beneficial Owners named on Form B or C must complete Form A. |
| Trusts | Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts). | 4, 5, 6, 7, 8 and 9 | For the Trust complete either Form D or E; and For an Individual Trustee complete Form A; or For a Company Trustee complete Form B or C. All Beneficial Owners named on Form D or E must be complete Form A. |
| Partnership | A partnership created under a partnership agreement. | 4, 5, 6, 7, 8 and 9 | For the Partnership please complete Form F. All Beneficial Owners named on Form F must complete Form A. |

| Investor type | | Complete sections | Required Identification Form* |
|-------------------------|---|---------------------|--|
| Associations | Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements. | 4, 5, 6, 7, 8 and 9 | For the Association please complete Form G. All Beneficial Owners named on Form G must complete Form A. |
| Registered co-operative | An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative. | 4, 5, 6, 7, 8 and 9 | For the Registered co-operative please complete Form H. All Beneficial Owners named on Form H must complete Form A. |
| Government body | The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country. | 4, 5, 6, 7, 8 and 9 | For a Government body please complete Form I. All Beneficial Owners named on Form I must complete Form A. |

*Please complete the required Identification Form and provide original certified copies of the identification requested on the Identification Form.

If you have not been provided with the identification form with this application you can obtain this at www.dnrcapital.com.au/managedfunds.
If none of the above categories are applicable, please contact the unit registry on 1300 133 451 for assistance.

Certifying a copy of an original document

All documents must be provided in a certified copy format – in other words, a copy of the original document that has been certified by an eligible certifier.

A 'certified extract' means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described below.

Please note that we require the copy which was actually signed by the certifier (i.e. the original penned signature of the certifier).

People who can certify documents or extracts are:

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

3 Individuals and joint account holders investor details

| | Applicant 1 | Applicant 2 (if applicable) |
|--|--|--|
| Investor type | Individual | Individual |
| Title | | |
| Given name | | |
| Surname | | |
| Occupation | | |
| Australian Tax File Number | | |
| Residential address | | |
| Street address 1 | | |
| Street address 2 | | |
| Suburb | | |
| State | | |
| Postcode | | |
| Country | | |
| Postal address | As above | As above |
| Street address 1 | | |
| Street address 2 | | |
| Suburb | | |
| State | | |
| Postcode | | |
| Country | | |
| Phone number (business hours) | | |
| Phone number (after hours) | | |
| Mobile number | | |
| Email address | | |
| Preferred contact method | <p>I consent to receive all investor correspondence from you by email to the email address provided.</p> <p>I wish to receive all investor correspondence by post to the address provided on this Application Form.</p> <p>I nominate my financial adviser as noted in section 7 to receive all investor correspondence.</p> | <p>I consent to receive all investor correspondence from you by email to the email address provided.</p> <p>I wish to receive all investor correspondence by post to the address provided on this Application Form.</p> <p>I nominate my financial adviser as noted in section 7 to receive all investor correspondence.</p> |
| <p>The Annual Financial Report for the Fund will be made available at our website: www.dnrcapital.com.au/managedfunds</p> | | |
| Please indicate whether you would like to receive a printed copy of the Annual Financial Report. | <p>Yes</p> <p>No</p> | <p>Yes</p> <p>No</p> |

4 All other account holders investor details

| | |
|---|---|
| Investor type/capacity | Company Sole trader Trust Partnership Association Registered co-operative Government body Other |
| Full Name of Company/ Business if Sole Trader/ Trust (including Trustee details)/ Partnership/Association/ Co-operative/Government Body | |
| Australian Tax File Number | |
| ABN (if applicable) | |
| Principal business activity | |
| Business address | |
| Street address 1 | |
| Street address 2 | |
| Suburb | |
| State | |
| Postcode | |
| Country | |
| Postal address | As above |
| Street address 1 | |
| Street address 2 | |
| Suburb | |
| State | |
| Postcode | |
| Country | |
| Phone number (business hours) | |
| Mobile number | |
| Email address | |
| Preferred contact method | I consent to receive all investor correspondence from you by email to the email address provided. I wish to receive all investor correspondence by post to the address provided on this Application Form. I nominate my financial adviser as noted in section 6 to receive all investor correspondence. |
| The Annual Financial Report for the Fund will be made available at our website: www.dnrcapital.com.au/managedfunds | |
| Please indicate whether you would like to receive a printed copy of the Annual Financial Report. | Yes No |

5 Authorised representative/agent details

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

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

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

Full name

Work phone number

Email address

Signature of authorised representative/agent

Date

Please attach evidence of the authorised representative/agent's authority to act on behalf of the investor (e.g. signed letter, certified copy of a power of attorney)

6 Investment details

| Fund | DNR Capital Australian Equities High Conviction Fund – Retail class | DNR Capital Australian Emerging Companies Fund | DNR Capital Australian Equities Income Fund |
|--|--|--|--|
| APIR | PIM0028AU | PIM4357AU | PIM8302AU |
| Initial investment (subject to minimums) | | | |
| Source of funds being invested (choose most relevant) | Retirement income Employment income Business activities Sale of assets Inheritance/gifts Financial investments Other (please specify) | Retirement income Employment income Business activities Sale of assets Inheritance/gifts Financial investments Other (please specify) | Retirement income Employment income Business activities Sale of assets Inheritance/gifts Financial investments Other (please specify) |
| Please indicate how the investment will be paid. | <p>Cheque The Trust Company (RE Services) Limited RE <DNR Capital Australian Equities High Conviction Fund> Application Account</p> <p>Direct Credit/ Electronic Funds Transfer</p> <p>Bank National Australia Bank BSB 082-401 Account number 73 455 8644 Account name The Trust Company (RE Services) Limited <DNR Capital Australian Equities High Conviction Fund> Application Account</p> <p>Reference Please insert 'Investor surname/company or trust name' (as applicable)</p> | <p>Cheque The Trust Company (RE Services) Limited RE <DNR Capital Australian Emerging Companies Fund> Application Account</p> <p>Direct Credit/ Electronic Funds Transfer</p> <p>Bank National Australia Bank BSB 082-057 Account number 22 812 9820 Account name The Trust Company (RE Services) Limited <DNR Capital Australian Emerging Companies Fund> Application Account</p> <p>Reference Please insert 'Investor surname/company or trust name' (as applicable)</p> | <p>Cheque The Trust Company (RE Services) Limited RE <DNR Capital Australian Equities Income Fund> Application Account</p> <p>Direct Credit/ Electronic Funds Transfer</p> <p>Bank National Australia Bank BSB 082-057 Account number 90 283 9462 Account name The Trust Company (RE Services) Limited <DNR Capital Australian Equities Income Fund> Application Account</p> <p>Reference Please insert 'Investor surname / company or trust name' (as applicable)</p> |

| Fund | DNR Capital Australian Equities High Conviction Fund – Retail class | DNR Capital Australian Emerging Companies Fund | DNR Capital Australian Equities Income Fund |
|--|---|---|---|
| Distribution payment instructions (choose one payment instruction) | Please reinvest my distributions into the Fund Please pay my distributions directly to my nominated bank account | Please reinvest my distributions into the Fund Please pay my distributions directly to my nominated bank account | Please reinvest my distributions into the Fund Please pay my distributions directly to my nominated bank account |
| Distribution bank account details | Bank BSB Account number Account name | Bank BSB Account number Account name | Bank BSB Account number Account name |
| If you wish to have a separate bank account for redemption payments please complete this section | Bank BSB Account number Account name | Bank BSB Account number Account name | Bank BSB Account number Account name |

The account must be held in the same name as the investment. The bank account must be domiciled in Australia and denominated in Australian dollars.

7 Financial adviser details

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

Adviser name (full name)

Name of Advisory Firm

Name of Dealer Group

AFSL / AFSL Representative number

Address

Street address 1

Street address 2

Suburb

State

Postcode

Country

Phone number (business hours)

Mobile number

Email address

Fax number

If you have elected your financial adviser to receive all investor correspondence, please confirm the financial adviser's preferred contact method

I consent to receive all investor correspondence from you by email to the email address provided in section 7–above.
I wish to receive all investor correspondence by post to the address provided in section 7–above.

8 Declaration

I/we declare and agree each of the following:

- I/we have read the current PDS to which this application applies and have received and accepted the offer in it.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- I/we acknowledge The Trust Company (RE Services) Limited is not bound to accept my/our application.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of The Trust Company (RE Services) Limited ABN 45 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we agree to the anti-money laundering and counter-terrorism financing statements contained in the PDS. I/we agree to provide further information or personal details to The Trust Company (RE Services) Limited and the custodian if required to meet their obligations under any anti-money laundering and counter-terrorism law and regulations, and acknowledge that processing of my/our application may be delayed and will be processed at the unit price applicable for the business day on which all required information has been received and verified.
- I/we have read and understood the privacy disclosure as detailed in the PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company (RE Services) Limited of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or The Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.
- I/we certify that the information provided in the separate ID forms, including information relating to tax-related requirements, is reasonable based on verifiable documentation.
- The Trust Company (RE Services) Limited may be required to pass on my/our personal information or information about my/our investment to the relevant regulatory authorities, including for compliance with anti-Money laundering and counter-terrorism law and regulations as well as any tax-related requirements for tax residents of other countries.
- Additional declaration and agreement for New Zealand investors:
 - I/we received and accepted this offer in Australia or New Zealand.
 - I/we understand that the PDS is not an investment statement under New Zealand law and that there are likely to be differences between the information provided in a PDS compared to an investment statement under New Zealand law.
 - I/we have read and understand the 'Important additional information for New Zealand investors in the current PDS.

9 Signatures

| Investor type | Who should sign |
|--|---|
| Individual | where the investment is in one name, the investor must sign |
| Joint investors | where the investment is in more than one name, all investors must sign |
| Company | two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary |
| Trust/Superannuation fund | each trustee must sign or, if a corporate trustee, then as for a company |
| Partnership | each partner |
| Association or Registered co-operative | each office bearer |
| Government body | relevant principal officer/authorised signatory |
| Power of Attorney | if signed by the investor's attorney, the power of attorney must have previously been provided. If not, a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form. |

Applicant 1 Signature

Full name

Date

Tick capacity (mandatory for companies):

Sole Director / Company Secretary
 Director
 Secretary
 Non-corporate trustee
 Partner
 Power of Attorney

Applicant 2 Signature

Full name

Date

Tick capacity (mandatory for companies):

Sole Director / Company Secretary
 Director
 Secretary
 Non-corporate trustee
 Partner
 Power of Attorney

Post your original signed Application Form, Identification Forms and original certified copies of your identification required to:

Apex Fund Services Pty Ltd – Unit Registry
 GPO BOX 4968
 SYDNEY NSW 2001

Please ensure that you have transferred your application monies or enclose a cheque for payment.

Please note: investment instructions received before 2.00 p.m. Sydney time will be processed on the same Business Day (direct credit transfer only).

Investment instructions accompanied by a cheque will be processed when the cheque amount has cleared into the application account.