

SECTION 5

MONTHLY CLASS APPLICATION FORM FOR PDS DATED 30 SEPTEMBER 2026

Auscap High Conviction Australian Equities Fund

ARSN 615 542 213

This form should be used by existing unitholders provided your details have not changed.
This form should not be used by existing unitholders making an additional investment using BPAY. Please see your Monthly Unitholder Statement for further information, including your personal BPAY details.

This form should be used by existing unitholders provided your details have not changed

Investor Number

Investor Name

1. Amount of Additional Investment

Please indicate how much you wish to invest **\$AUD**

Note that the minimum additional investment amount is \$5,000

Please make payment net of all bank charges. Only the net amount received will be invested in the Fund.

2. 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/Unitholder number)

IMPORTANT: Please include the applicant's / investment entity's name as a reference on all EFT payments. All EFT payments must also be accompanied by a notification email to auscap@cm.mpms.mufg.com in order to ensure that the investor account is properly credited.

3. Contact Details

Contact
Name

Contact Number

4. Declaration and Authorisation

Please make sure you have completed the part above.

In signing, I/we request you to issue the additional units applied for to me/us and authorise you to register me/us as the holder(s) of the units issued. I/we acknowledge that this form is provided on the basis that the Responsible Entity will effect it according to the terms and conditions of the current PDS (including the Additional Information Guide) and I/we agree to be bound by the terms of the PDS (including the Additional Information Guide) and the Fund's Constitution (as amended from time to time).

Signature [Sign ►](#) [Print to sign](#)

Name and title of signatory (block letters please)

Date

Signature [Sign ►](#) [Print to sign](#)

Name and title of signatory (block letters please)

Date

5. Email or Post this Form

Please **scan and email** this completed form to auscap@cm.mpms.mufg.com.

Alternatively, you can **post** this completed form to:

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