MICROEQUITIES VALUE INCOME FUND

Microequities Asset Management

ADDITIONAL APPLICATION FORM

MICROEQUITIES VALUE INCOME FUND
ARSN: 629 674 175

RESPONSIBLE ENTITY
THE TRUST COMPANY (RE SERVICES)
ABN: 45 003 278 831

This form is for existing investors only. If you are a new investor, please use the Initial Application Form.

This form relates to a Product Disclosure Statement dated 6 November 2026 ("PDS") issued by The Trust Company (RE Services) Limited ABN 45 003 278 831, for the offer of units in the Microequities Value Income Fund ("Fund"). Terms defined in the PDS have the same meaning in this Additional Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Additional Application Form.

Account/Investor Number

Account/Investor Name

SECTION 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. Please provide the financial advisor details below and then please proceed to section 2.

Financial Advisor Name _____

☐ 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 on page 2. 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.

Microequities Asset Management

What is your primary investment objective?	What is your investment time horizon?
☐ Capital Growth ☐ Capital preservation ☐ Income distribution	☐ 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 in investment in your overall investment portfolio?	**What do you anticipate your withdrawal needs?**
☐ 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%	☐ 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	

SECTION 2: ADDITIONAL INVESTMENTS

Application Amount:

$ _____

Please specify a class if applying into a specific class (if applicable):

_____

Source of funds being invested (choose most relevant):

☐ Retirement income ☐ Employment income ☐ Business activities

☐ Sale of assets ☐ Inheritance/gifts ☐ Financial investments

☐ Other

Payment Method:

☐ Cheque

Please make cheques payable in Australian dollars to **The Trust Company (RE Services) Limited RE <Microequities Value Income Fund> Application Account**

☐ Direct Credit/Electronic Funds Transfer

Bank: **National Australia Bank**

Account Name: **Microequities Value Income Fund**

BSB: **082-057**

Account Number: **707536212**

Note: Units will not be issued until your application monies have been cleared

SECTION 3: DECLARATION

I/we declare and agree each of the following:

- I/we have read the current PDS and acknowledge this additional application request is subject to the terms and conditions set out in the current PDS.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.
- I/we acknowledge that none of The Trust Company (RE Services) Limited ABN 45 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we have read and understood the privacy disclosure as detailed in the current PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser 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.

SECTION 4: 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	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/authorized signatory
Power of attorney	if signed by the unit holder's attorney, the power of attorney must have been previously been provided. If not a certified copy of the power of attorney as well as a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form

Investor Details

Investor 1

First Name

Last Name

Signature

Date

Tick capacity (mandatory for companies):

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary
- ☐ Non-corporate trustee
- ☐ Partner

Investor 2

First Name

Last Name

Signature

Date

Tick capacity (mandatory for companies):

- ☐ Director
- ☐ Secretary
- ☐ Non-corporate trustee
- ☐ Partner

Please send your signed form to:

Apex
GPO Box 4968
Sydney NSW 2000

Email: registry@mainstreamgroup.com
Fax: +61 2 9251 3525