

# ADDITIONAL APPLICATION FORM

**PERPETUAL TRUST SERVICES LIMITED ABN 48 000 142 049**  
**MONTAKA GLOBAL FUND - ACTIVE ETF FUND ARSN 621 941 508**

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 5 June 2024 ("PDS") issued by Perpetual Trust Services Limited ABN 48 000 142 049, AFSL 236648, for the offer of units in the Montaka Global Fund - Active ETF ("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	

## 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 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 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.

<b>What is your primary investment objective?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Capital Growth</li><li><input type="checkbox"/> Capital Preservation</li><li><input type="checkbox"/> Income Distribution</li></ul>	<b>What is your investment time horizon?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> up to and including 2 years i.e. Short term</li><li><input type="checkbox"/> More than 2 years but less than 5 years i.e. Medium term</li><li><input type="checkbox"/> Equal to 5 years but less than 7 years i.e. Medium to long term</li><li><input type="checkbox"/> Equal to 7 years or more i.e. Long term</li></ul>
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<p><b>What is your intended use of this investment in your overall investment portfolio?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standalone portfolio up to 100%</li> <li><input type="checkbox"/> Major allocation up to 75%</li> <li><input type="checkbox"/> Core component up to 50%</li> <li><input type="checkbox"/> Minor allocation up to 25%</li> <li><input type="checkbox"/> Satellite component up to 10%</li> </ul>	<p><b>What do you anticipate your withdrawal needs?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly</li> <li><input type="checkbox"/> Monthly</li> <li><input type="checkbox"/> Quarterly</li> <li><input type="checkbox"/> Yearly</li> <li><input type="checkbox"/> More than one year</li> </ul>
<p><b>What is your tolerance for risk (able to bear loss)?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Extremely High</li> <li><input type="checkbox"/> Very high</li> <li><input type="checkbox"/> High</li> <li><input type="checkbox"/> Medium</li> <li><input type="checkbox"/> Low</li> </ul>	

## 2. ADDITIONAL INVESTMENTS

<b>Application Amount:</b>	\$:
<b>Please specify a class if applying into a specific class (if applicable):</b>	
<p><b>Source of funds being invested (choose most relevant)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retirement income</li> <li><input type="checkbox"/> Employment income</li> <li><input type="checkbox"/> Business activities</li> <li><input type="checkbox"/> Sale of assets</li> <li><input type="checkbox"/> Inheritance/gifts</li> <li><input type="checkbox"/> Financial investments</li> <li><input type="checkbox"/> Other</li> </ul>	
<p><b>Payment Method:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cheque cheque payable to Montaka Global Fund – Active ETF</li> <li><input type="checkbox"/> Direct Credit/Electronic Funds Transfer Name “MOGL Application Account” BSB 082-401 Account Number 864 601 997</li> </ul>	

### 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 Perpetual Trust Services Limited ABN 48 000 142 049 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 Perpetual Trust 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 Perpetual Trust Services Limited of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify Perpetual Trust Services Limited from any loss, expense, action or other liability which may be suffered by, brought against me/us or Perpetual Trust Services Limited for any action or omissions by the authorised representative whether authorised by me/us or not.

### 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 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 1

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Signature

Full Name

Date

Tick capacity (mandatory for companies):

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Director and Company Secretary | <input type="checkbox"/> Non-corporate trustee |
| <input type="checkbox"/> Director                            | <input type="checkbox"/> Partner               |
| <input type="checkbox"/> Secretary                           |  |

Investor 2

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Signature

Full Name

Date

Tick capacity (mandatory for companies):

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Director  | <input type="checkbox"/> Non-corporate trustee |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner               |

**Please send your signed form to:**

Apex Fund Services Pty Ltd

GPO Box 4968

Sydney NSW 2001

**Please ensure that you have transferred your additional Application Monies or enclose a cheque for payment.**