



## Initial Application Form

### **The Trust Company (RE Services) Limited ('Perpetual')**

ABN 45 003 278 831

### **Pella Global Generations Fund - Class A**

APIR Code PIM4167AU

ARSN 653 919 478

### **Pella Global Generations Fund - Class B**

APIR Code PIM5678AU

ARSN 653 919 478

### **Pella Global Generations Fund - Class C**

APIR Code PIM9694AU

ARSN 653 919 478

This Initial Application Form relates to a Product Disclosure Statement dated 15 November 2024 ("PDS") issued by The Trust Company (RE Services) Limited ('Perpetual') ABN 45 003 278 831, Australian Financial Services Licence ("AFSL") No. 235150, for the offer of units in the Pella Funds Management Global Generation Fund ("Fund"). Terms defined in the PDS have the same meaning in this Initial Application Form. The PDS contains important information about investing in the Fund, and you are advised to read the PDS before completing this Initial Application Form.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Investment Form.

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 Initial Application Form and the identification Forms noted below in Section 1. If you have not been provided with the identification form with this application you can obtain this at [www.pellafunds.com](http://www.pellafunds.com).

## SECTION 1 Consumer attributes

I/we declare and agree each of the following:

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.

<p><b>What is your primary investment objective?</b></p> <ul style="list-style-type: none"> <li>Capital Growth</li> <li>Capital preservation</li> <li>Income distribution</li> </ul>	<p><b>What is your investment time horizon?</b></p> <ul style="list-style-type: none"> <li>Up to and including 2 years i.e. Short term</li> <li>More than 2 years but less than 5 years i.e. Medium term</li> <li>Equal to 5 years but less than 7 years i.e. Medium to long term</li> <li>Equal to 7 years or more i.e. Long term</li> </ul>
<p><b>What is your intended use of this investment in your overall investment portfolio?</b></p> <ul style="list-style-type: none"> <li>Standalone portfolio up to 100%</li> <li>Major allocation up to 75%</li> <li>Core component up to 50%</li> <li>Minor allocation up to 25%</li> <li>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>Weekly</li> <li>Monthly</li> <li>Quarterly</li> <li>Yearly</li> <li>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>Extremely High</li> <li>Very high</li> <li>High</li> <li>Medium</li> <li>Low</li> </ul>	<p><b>Where did you hear about the Fund?</b></p> <ul style="list-style-type: none"> <li>Financial Adviser</li> <li>Platform</li> <li>Research House</li> <li>Other please specify</li> </ul>

## SECTION 2 Investor type

Investor type	Complete sections	Please complete the required Identification Form and provide certified copies of the identification requested on the Identification Form
<b>Individual and Joint Investors</b> – A natural person or persons.	3, 5, 6, 7, 8 & 9	Form A - Individuals.
<b>Sole trader</b> – A natural person operating a business under their own name with a registered business name.	4, 5, 6, 7, 8 & 9	Form A - Individuals.
<b>Companies</b> – A company registered as an Australian public company or an Australian proprietary company, or a foreign company.	4, 5, 6, 7, 8 & 9	For a Company complete the relevant form based on company type either Form B or C. All Beneficial Owners named on Form B or C must complete Form A.
<b>Trusts</b> – 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 & 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 complete Form A.
<b>Partnership</b> – A partnership created under a partnership agreement	4, 5, 6, 7, 8 & 9	For the Partnership please complete Form F. All Beneficial Owners named on Form F must complete Form A.
<b>Associations</b> – 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 & 9	For the Association please complete Form G. All Beneficial Owners named on Form G must complete Form A.
<b>Registered co-operative</b> – 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 & 9	For the Registered co-operative please complete Form H. All Beneficial Owners named on Form H must complete Form A.
<b>Government body</b> – 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 & 9	For a Government body please complete Form I. All Beneficial Owners named on Form i must complete Form A.

### SECTION 3 Individuals and joint account holders investor details

#### Applicant 1

#### Investor type

Individual

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Australian Tax File Number (TFN)	
<input type="text"/>	<input type="text"/>	

#### Residential address

Street address 1

Street address 2

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

#### Postal address if different to residential address

Street address 1

Street address 2

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

#### Contact details

Phone number (business hours)	Phone number (non-business hours)
<input type="text"/>	<input type="text"/>
Mobile number	Email address
<input type="text"/>	<input type="text"/>

#### 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 in on this Application Form.
- I nominate my financial advisor as noted in section 6 to receive all investor correspondence.

### SECTION 3 Individuals and joint account holders investor details (continued)

**Applicant 2 (if applicable)**

Investor type

Individual

Title	Given name(s)	Surname
<input style="width: 80%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>
Occupation		Australian Tax File Number (TFN)
<input style="width: 95%;" type="text"/>		<input style="width: 90%;" type="text"/>

Residential address

Street address 1

Street address 2

Suburb	State	Postcode	Country
<input style="width: 90%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 95%;" type="text"/>

Postal address if different to residential address

Street address 1

Street address 2

Suburb	State	Postcode	Country
<input style="width: 90%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 95%;" type="text"/>

Contact details

Phone number (business hours)	Phone number (non-business hours)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mobile number	Email address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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 in on this Application Form.
- I nominate my financial advisor as noted in section 6 to receive all investor correspondence.

## SECTION 4 All other account holders investor details

### Investor type/capacity

Company	Partnership	Government body
Sole trader	Association	Other
Trust	Co-operative	

Full name of company / business if sole trader / trust (including trustee details) / partnership / association / cooperative / government body

Tax File Number (TFN)

ABN (if applicable)

Principle business activity

### Address

Street address 1

Street address 2

Suburb

State

Postcode

Country

### Contact details

Phone number (business hours)

Mobile number

Fax 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 in on this Application Form.

## SECTION 5 Authorised representative details

Complete this section if you wish to appoint a person to act in a legal capacity as your authorised representative and to operate your investment in the Fund on your behalf. In general, an authorised representative 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 until you advise us in writing that the appointment of your authorised representative 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 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.

Please attach a certified copy of your Power of Attorney.

For information on how to certify your document please refer to the Certification Information Sheet.

Given name(s)

Surname

Signature of authorised representative

Date (dd/mm/yyyy)

 /  /

## SECTION 6 Investment details

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

Investment amount (subject to minimums)

**\$AUD**

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**

Cheque made payable to: Pella Global Generations Fund

**Direct debit**

(complete direct debit details below)

**Direct credit/electronic funds transfer**

Account name: Mainstream Fund Services Pty Ltd ACF Pella Global Generations Fund Application Account

BSB: 082-401

Account number: 484611691

Bank name and address: NAB, 500 Bourke Street, Melbourne, Victoria 3000, Australia

NAB's SWIFT code: NATAAU3303M

Financial Institution Account Details – Direct Debits

Initial investment direct debits are only available for Applicants / Investors who nominate a participating Australian financial institution account for this service.

The regular investment plan is available to Applicants / Investors who have a participating Australian financial institution account. Your regular investment plan will not commence until your financial institution approves the set-up.

Applicants / Investors who select an Australian financial institution account for this service please debit from my/our account detailed as follows:

Financial institution

Branch

Account name

BSB

Account number

Signature

Signature

Full name

Date (dd/mm/yyyy)

 /  / 

Full name

Date (dd/mm/yyyy)

 /  / 

By signing this Direct Debit Request, you authorise and are providing a valid instruction to Apex Fund Services Pty Ltd (user ID: 364011), in respect to your investment amount, to debit the account described above, any amount which it may debit or charge through the direct debit system in connection with your Application Form. Also by signing, you certify that you have understood and agreed to the terms governing the direct debit arrangements between you and Apex Fund Services Pty Ltd. Please refer to the Direct Debit Request Service Agreement provided in Section 9 of this Application Form.

## SECTION 6 Investment details (continued)

Distribution payment instructions (choose one payment instruction)

Please reinvest my distributions in the relevant Fund

Please pay my distributions directly to my nominated bank account

Your distribution bank account details

Bank

Account name

BSB

Account number

If you wish to have a separate bank account for redemption payments please fill the below

Your redemption bank account details

Bank

Account name

BSB

Account number

Savings plan (if applicable)



## SECTION 7 Financial adviser details

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

Advisor name (full name)

Name of advisory firm

Name of dealer group

AFSL or AFSL representative number

### Address

Street address 1

Street address 2

Suburb

State

Postcode

Country

### Contact details

Phone number (business hours)

Mobile number

Fax number

Email address

If you have elected you financial advisor to receive all investor correspondence, please confirm the financial advisors preferred contact method

I consent to receive all investor correspondence from you by email to the email address provided in section 6.

I wish to receive all investor correspondence by post to the address provided in section 6.

By filling out this section you are providing consent for us to redeem a sufficient number of units from your investment at the end of each month to pay the Financial Advisor the following fees

Flat % of remuneration of

%

Dollar remuneration of

\$AUD

(including GST) per month.

## SECTION 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.
- 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.
- If I/we have appointed a financial adviser, payment to the financial adviser of the amount stated in section 6, which includes any amounts invested under the Savings Plan.
- 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.

### I/we acknowledge and agree that:

- 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.

## SECTION 9 Signatures

Joint applicants must both sign. For Individual Trustee Trust/Superannuation Funds each individual Trustee must sign. For Corporate Trustee Trust/Superannuation Funds 2 Directors, a Director and Secretary or Sole Director must sign.

<div style="background-color: #1a3d3d; color: white; padding: 5px; text-align: center; font-weight: bold;">Applicant 1</div> <p>Signature</p> <div style="border: 1px solid #ccc; height: 60px; margin-bottom: 10px;"></div> <p>Full name <span style="margin-left: 150px;">Date (dd/mm/yyyy)</span></p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid #ccc; width: 25%; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 15%; text-align: center;"> <input style="width: 100%; height: 100%; border: none;" type="text"/> /              <input style="width: 100%; height: 100%; border: none;" type="text"/> /              <input style="width: 100%; height: 100%; border: none;" type="text"/> </div> </div> <p>Tick capacity (mandatory for companies)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sole Director and Company Secretary</li> <li><input type="checkbox"/> Director</li> <li><input type="checkbox"/> Secretary</li> <li><input type="checkbox"/> Non-corporate trustee</li> <li><input type="checkbox"/> Partner</li> </ul>	<div style="background-color: #1a3d3d; color: white; padding: 5px; text-align: center; font-weight: bold;">Applicant 2</div> <p>Signature</p> <div style="border: 1px solid #ccc; height: 60px; margin-bottom: 10px;"></div> <p>Full name <span style="margin-left: 150px;">Date (dd/mm/yyyy)</span></p> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid #ccc; width: 25%; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 15%; text-align: center;"> <input style="width: 100%; height: 100%; border: none;" type="text"/> /              <input style="width: 100%; height: 100%; border: none;" type="text"/> /              <input style="width: 100%; height: 100%; border: none;" type="text"/> </div> </div> <p>Tick capacity (mandatory for companies)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Director</li> <li><input type="checkbox"/> Secretary</li> <li><input type="checkbox"/> Non-corporate trustee</li> <li><input type="checkbox"/> Partner</li> </ul>
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Post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to:

Mainstream Fund Services  
 GPO Box 4968  
 SYDNEY NSW 2000

Email: [registry@mainstreamgroup.com](mailto:registry@mainstreamgroup.com)

Fax: 61 2 9251 3525

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

## SECTION 10 Direct Debit Request Service Agreement

If you are uncertain about whether this investment is appropriate for you, you should seek the advice of a financial advice provider.

The offer may involve a currency exchange risk. The currency for the financial products is not New Zealand dollars. The value of the financial products will go up or down according to changes in the exchange rate between that currency and New Zealand dollars. These changes may be significant.

If you expect the financial products to pay any amounts in a currency that is not New Zealand dollars, you may incur significant fees in having the funds credited to a bank account in New Zealand in New Zealand dollars.

The dispute resolution process described in this offer document is available only in Australia and is not available in New Zealand.

### Direct Debit Request Service Agreement

This information applies only if you have indicated that you wish for your initial amounts to be paid by direct debit. Please ensure you have provided the details of your financial institution and completed the direct debit request in the relevant sections of the Application Form.

The following is your Direct Debit Service Agreement (“**Agreement**”) with Apex Fund Services Pty Ltd ABN 81 118 902 891 (“**Apex Fund Services**”), who acts as the Unit Registry of each Fund. The Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with Apex Fund Services. It also details what Apex Fund Services’ obligations are to you as your Direct Debit Provider. We recommend you keep this information in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request in the relevant sections of the Application Form.

#### Definitions:

**Account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited

**Agreement** means the Direct Debit Request Service Agreement between you and us

**Banking Day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia

**Debit Day** means the day that payment by you to us is due

**Direct Payment** means a particular transaction where a debit is made

**Direct Debit Request** means the direct debit request in the Application Form

**Us or We** means Apex Fund Services, (the “Debit User”) you have authorised by signing a Direct Debit Request

**You** means the customer who has signed or authorised by other means the Direct Debit Request

**Your financial institution** means the financial institution nominated by you on the Direct Debit Request at which the account is maintained.

#### 1. Debiting your Account

1.1 By signing a direct debit request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.

or

We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the direct debit request, a billing advice which specifies the amount payable by you to us and when it is due.

1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

#### 2. Amendments by Us

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

#### 3. Amendments by You

3.1 You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by writing to:

**Unit Registry**  
Apex Fund Services Pty Ltd

## SECTION 10 Direct Debit Request Service Agreement (continued)

GPO BOX 143, Sydney NSW 2001

or

by telephoning us on 1300 127 780 or +61 2 8259 8566 (international) or 0800 787 621 (NZ) during business hours;

or

arranging it through your own financial institution.

### 4. Your Obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
  - a) you may be charged a fee and/or interest by your financial institution;
  - b) you may also incur fees or charges imposed or incurred by us; and
  - c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If we are liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

### 5. Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 127 780 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up with your financial institution directly.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

### 6. Accounts

- 6.1 You should check:
  - a) With your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions; and
  - b) Your account details which you have provided to us are correct by checking them against a recent account statement; and
  - c) With your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

### 7. Confidentiality

- 7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
  - a) To the extent specifically required by law; or
  - b) For the purposes of this agreement (including disclosing information in connection with any query or claim).

### 8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

**Apex Fund Services Pty Ltd**  
GPO Box 143, Sydney NSW 2001

- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.
- 8.3 Any notice will be deemed to have been received on the third banking day after posting.