

# Forager Wholesale Value Fund

## APPLICATION FORM



1 JULY 2017 | APIR WPC0003AU | ARSN 110 619 488



MACRO CAPITAL LIMITED  
ABN 14 145 321 928 | AFSL 392401

FORAGER FUNDS MANAGEMENT PTY LTD  
ABN 78 138 351 345 | AFSL 459312

### Section 1. Introduction

Please complete all relevant sections of the application form in CAPITAL LETTERS and sign **Section 12**.

#### Send original signed applications to:

Macro Capital Limited  
PO Box 558  
Wembley WA 6913

#### Section 1.1 – Are you an existing investor in the Forager Wholesale Value Fund?

No **(go to Section 1.2)**

Yes Existing account number is:

Existing account name is:

If any of your details have changed please complete the relevant sections for your investor type specified in **Section 1.3**.

If there are no changes to the details of your existing account, please complete **Section 9** and sign **Section 12**.

#### Section 1.2 – Anti Money Laundering and Counter Terrorism Financing Identification Information

As detailed in **Section 2.7** of the Additional Information, the AML / CTF Act and Rules oblige us to collect Identification Information from prospective Investors.

You or your adviser must submit the application form with the relevant supporting evidence of your identity (“Identification Information”) as outlined in **Section 11** in the application form. If the application form is not completed properly, or we are not satisfied with the Identification Information, we may delay processing the application and request additional Identification Information or reject the application.

#### Section 1.3 – Sections to complete (based on investor type)

Please  your investor type and complete all referenced sections.

Type	Sections to be completed
<input type="checkbox"/> <b>Individuals</b> – including where investing as trustee(s) for another person (e.g. a parent / guardian investing for a child / minor; or an executor investing for a deceased estate)	2, 3, 6-12
<input type="checkbox"/> <b>Company</b> – including an association or a co-operative	2, 4, 6-12
<input type="checkbox"/> <b>Trust / superannuation fund</b> – with individual trustee(s) or a corporate trustee	2, 3 or 4, 5, 6-12
<input type="checkbox"/> <b>Partnership</b> – with individual partner(s) or corporate partner(s)	2, 3 or 4, 5, 6-12

### Section 2. Investor details

Note that **ONLY** legal entities are allowed to hold units in the Trusts. Applications must be in the name of a natural person, company or a legal entity acceptable to Macro.

An applicant for units is not obliged to quote a Tax File Number (“TFN”) or Australian Business Number (“ABN”). However, in cases where no TFN or ABN is quoted, we must deduct tax from any income distributions paid to the applicant at the top personal marginal tax rate plus the Medicare Levy. There are special rules for the quotation or non-quotation of TFNs applying to different categories of investors such as companies, non-residents of Australia, tax exempt bodies and joint holders. If you are exempt from quoting a TFN, please provide your reason for the exemption and your exemption number.

Section 2.1 – Investor type

Please ✓ appropriate investor type:  Individual  Company  Partnership  
 Trust  Superannuation Fund  
 Other (please specify): \_\_\_\_\_

Residency status for tax purposes:  Australian resident  Non-resident

Country of residence / incorporation: \_\_\_\_\_

If you are a tax resident of another country, please list all relevant countries and provide your tax identification number (TIN) for each country.

Tax Identification Number (TIN): A TIN refers to the number assigned by a country for the purpose of administering its tax laws and is the equivalent of a TFN in Australia. If a TIN is not provided, please list one of the three reasons specified below (A, B or C) for not providing a TFN.

Country 1: \_\_\_\_\_

TIN: \_\_\_\_\_ If no TIN, list reason A, B, or C

Country 1: \_\_\_\_\_

TIN: \_\_\_\_\_ If no TIN, list reason A, B, or C

If there are more than two countries, please provide details on a separate sheet and tick this box.

- Reason A: The country of tax residency does not issue TINs to tax residents.
- Reason B: I have not been issued / unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the table below if you have selected this reason).
- Reason C: The country of tax residency does not mandate provision of the TIN.

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

\_\_\_\_\_  
\_\_\_\_\_

Politically Exposed Persons: A "politically exposed person" (PEP) is an individual who holds a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.

Please provide the name of anyone that is named in this Application Form as a PEP or is an immediate family member or close associate of a PEP.

\_\_\_\_\_

Please return to Section 1.3 to confirm the next section to be completed.

**Section 3. Individual / Individual Trustee(s) or Partners**

**Section 3.1 – Individual 1**

Title:  Mr  Mrs  Miss  Ms  Dr

Surname:	
Given name(s):	
Date of birth:	/ / (Mandatory)
Australian tax file number:	
OR Reason for exemption:	

If you are a joint investor, **go to Section 3.2.** If you are an individual investor, **go to Section 3.4.**

**Section 3.2 – Individual 2 (if more than one individual applicant)**

Title:  Mr  Mrs  Miss  Ms  Dr

Surname:	
Given name(s):	
Date of birth:	/ / (Mandatory)
Australian tax file number:	
OR Reason for exemption:	

**Go to Section 3.3.**

**Section 3.3 – Further instructions for joint investors**

Please specify the way that you would like to sign future instructions regarding your unit holdings. These instructions will apply until such time as you advise to the contrary.

Both to sign    OR     Either to sign

If no selection is made, both to sign will be assumed.

**Go to Section 3.4.**

**Section 3.4 – For individual trustee(s)**

Are you making this investment in your capacity as trustee(s)?

No (**go to Section 3.5**)

Yes (**please complete Section 5 for trust details**)

**Section 3.5 – For sole traders**

Are you making this investment as a sole trader?  No

Yes (please provide business name and ABN)

Business name:

ABN:

**Go to Section 6.**

**Section 4. Company / Corporate Trustee or Partner / Association / Co-operative**

**Section 4.1 – Entity details**

Name:

Tax file number:

OR Reason for exemption:

ABN / ACN / ARBN:

Business activity:

**Go to Section 4.2.**

**Section 4.2 – Entity type**

Please  appropriate option:

Entity type	No	Yes	Details
Listed company	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, name of market: <input type="text"/>
Regulated company	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, name of regulator and licence number: <input type="text"/>
Proprietary company	<input type="checkbox"/>	<input type="checkbox"/>	
Foreign company	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	Provide description: <input type="text"/>

If association or co-operative, must also complete **Section 3** with details of individual chairman, secretary and treasurer (or equivalent officer in each case).

**Directors**

Please complete if the company is a domestic or foreign private or proprietary company. Attach a separate sheet if there is insufficient space.

Name:	<input type="text"/>		
Residential address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Name:	<input type="text"/>		
Residential address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Name:	<input type="text"/>		
Residential address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>

**Foreign Company**

Country of formation:

Registered/Unregistered in country of formation:

Company Identification Number in country of formation:

Principal place of business in country of formation:

Street Address:

Suburb:  State:  Postcode:

**Beneficial Owners**

If the company is a proprietary company please complete for individuals owning 25% or more of the company. Attach a separate sheet if there is insufficient space on this form.

Name:

Nature of beneficial ownership (%):

Residential address:

Suburb:  State:

Postcode:  Country:

Name:

Nature of beneficial ownership (%):

Residential address:

Suburb:  State:

Postcode:  Country:

Name:

Nature of beneficial ownership (%):

Residential address:

Suburb:  State:

Postcode:  Country:

**Go to Section 4.3.**

**Section 4.3 – Further instructions for companies**

If there is more than one signatory to this application form, please specify the way that you would like to sign future instructions regarding your unit holdings. These instructions will apply until such time as you advise to the contrary.

- Both to sign      OR       Either to sign

If no selection is made, both to sign will be assumed.

- Please  if a separate list of signatories is attached.

**Go to Section 4.4.**

**Section 4.4 – For corporate trustee**

Are you making this investment as corporate trustee?

- No (**go to Section 6**)
- Yes (**please complete Section 5 for trust details**)

**Section 5. Trust / Superannuation fund / Partnership / Other**

**Section 5.1 – Trust / Superannuation fund / Partnership / Other details**

Name:

Australian tax file number:

OR Reason for exemption:

ABN / ACN / ARBN:

**Please note:** A trust or superannuation fund is not a legal entity and cannot be the registered investor in its own right.

The trustee must be the registered investor. An application form cannot be accepted where the trustee details are missing from **Section 3** (in respect of individual trustee(s)) or **Section 4** (for a corporate trustee).

If partnership, must also complete **Section 3** with individual partner(s)' details and/or **Section 4** with corporate partner's details, as applicable.

If association or co-operative, must also complete **Section 3** with details of individual chairman, secretary and treasurer (or equivalent officer in each case).

**Go to Section 5.2.**

**Section 5.2 – Type of trust**

Please  appropriate trust type:

Trust type	Yes	Details
Registered management investment scheme	<input type="checkbox"/> Provide ARSN:	<input type="text"/>
Australian regulated trust or fund (e.g. self managed superannuation fund)	<input type="checkbox"/> Provide name of regulator (e.g. ASIC, APRA, ATO):	<input type="text"/>
Government superannuation fund	<input type="checkbox"/> Provide name of legislation establishing the fund:	<input type="text"/>
Foreign trust	<input type="checkbox"/> Provide country in which Trust was established:	<input type="text"/>
Other Australian trust	<input type="checkbox"/> Provide description (e.g. family trust, deceased estate, charitable or trading trust):	<input type="text"/>

If other Australian trust

Beneficiaries:  
 [Please attach a separate sheet if there is insufficient space on this form.]

Names of beneficiaries or details of class (if the terms of the trust identify beneficiaries by class)

**Go to Section 5.3.**

**Section 5.3 – Appointor of Trust**

The appointor is an optional role with power to remove and appoint the Trustee. Does the Trust have an appointor?

- No                       Yes (please provide full name)

Title:                       Mr                       Mrs                       Miss                       Ms                       Dr

Surname:

Given name(s):

**Go to Section 5.4.**

**Section 5.4 – Settlor of Trust**

The settlor is the person who made the initial contribution to the Trust. Please provide the full name of the settlor and indicate if the initial contribution was less than \$10,000 or the settlor is deceased.

- The initial contribution was less than \$10,000       The settlor is deceased

Title:                       Mr                       Mrs                       Miss                       Ms                       Dr

Surname:

Given name(s):

**Section 6. Investor contact details**

An individual applicant (including individual trustee, individual partner and officer of association/co-operative) is required to supply his / her residential address. Business applicants are required to supply the registered office address and principal place of business address. The Corporations Act 2001 requires us to record the applicant's address and to provide disclosure and periodic statements directly to the investor. We will not accept an applicant's address that is care of an agent who is a financial services licensee or an authorised representative or employee of a financial services licensee.

**Section 6.1 – Residential or registered address (P.O. Box not accepted)**

Street Address:	<input type="text"/>		
c/- (if applicable):	<input type="text"/>		
Suburb:	State:	<input type="text"/>	
Postcode:	Country:	<input type="text"/>	
Phone (Home):	(Business):	<input type="text"/>	
(Mobile):	Fax:	<input type="text"/>	
Email:	<input type="text"/>		

**Go to Section 6.2.**

**Section 6.2 – Address for correspondence (leave blank if same as Section 6.1)**

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

**Section 6.3 – Principal place of business (business applicants only)**

Street Address:	<input type="text"/>		
Suburb:	State:	<input type="text"/>	
Postcode:	Country:	<input type="text"/>	
Phone (Business):	Fax:	<input type="text"/>	
Email:	<input type="text"/>		

**Go to Section 7.**

**Section 7. Annual Report**

The annual report will be made available at our website [www.macrofunds.com.au](http://www.macrofunds.com.au). Please indicate whether you would like to receive a printed copy of the annual report. If you do not make a choice, or choose not to receive the annual report, you will not receive a printed copy of the annual report.

- I do not want to receive the annual report.  
 I wish to receive a printed copy of the annual report in the mail each year.

**Go to Section 8.**

### Section 8. Bank details for payment of distributions and redemptions

Please ✓ appropriate option:

Please note that if you do not make a distribution choice, distributions will automatically be reinvested in additional units in the Fund.

- Automatic reinvestment of distributions
- Payment of distributions (if not automatically reinvested) and/or redemptions by direct deposit into the following bank account

Name of Bank:			
Account Name:			
BSB:		Account Number:	

**Note:** The nominated bank account must be in the name of the investor. If the investor is a trustee, the bank account name must include the name of the trustee. An investor can only have one distribution option per account.

**Go to Section 9.**

### Section 9. Investment details

#### Section 9.1 – How to invest

Please ✓ how payment will be made:

- Cheque **Please make cheques payable to:**  
Macro Capital Limited ATF Forager Wholesale Value Fund (**not negotiable**)  
Please send the completed application form, Identification Information  
(if applicable - refer to Section 11) and cheque to:  
  
Macro Capital Limited  
(Please refer to page 1 for postal address)

Please note that we only accept cheque applications after cleared funds are available. We reserve the right to waive this condition at our discretion. Cheques generally require several business days to clear.

- Electronic Transfer **Please transfer to:**

Account name:	Macro Capital Limited ATF Forager Wholesale Value Fund
Bank:	National Australia Bank
BSB:	086-006
Account Number:	145110841

**Note:** Original documentation for initial investments MUST be mailed to our postal address.

**Go to Section 9.2.**

#### Section 9.2 – Investment amounts

The minimum initial investment is \$10,000, with a minimum additional investment of \$5,000.

TOTAL AMOUNT OF INVESTMENT:

We have discretion to accept lesser amounts.

Source of funds and wealth:

(eg employment, savings, inheritance, gift, superannuation, investment income, sale of assets)

**Go to Section 10.**



**Section 10. Adviser contact details**

Licensed:		AFSL Number:	
Individual:		Adviser Number:	
Mailing:			
Suburb:		State:	
Postcode:		Country:	
Phone:		Fax:	
Email:			

**Go to Section 11.**

**Section 11. AML / CTF Investor identification certification (to be provided by adviser or, if no adviser, by applicant)**

**Adviser to complete and provide:**

Under the AML / CTF Act and Rules, we are obligated to collect Identification Information from investors.

**If you have provided Identification Information previously, then you do not need to provide additional Identification Information unless your details have changed.**

In accordance with Part 7.2 of the AML / CTF Rules, we rely upon you to verify the identity of the investor. In verifying the identity of the investor:

- I confirm that I have complied with the requirements of the AML / CTF Act and Rules (as defined in the PDS).
- I understand that I am legally required to have verified the identity of the investor prior to providing the designated service (that is, arranging for the investor to invest in the Trust).
- I acknowledge that, as permitted by the AML / CTF Act and Rules, Macro will rely on the investor identification that I conduct. Unless requested, Macro does not require certified copies or originals of documents used by me to verify the identity of an investor.
- Macro may (as required) seek additional information from me or the investor to verify the investor's identity. I acknowledge that Macro will not accept an application until it is satisfied that the identity of the investor is verified.
- I confirm that, in accordance with the requirements of the AML / CTF Act and Rules, I will retain all documentation (for up to 7 years after our relationship with the applicant has ended) used by me to verify the identity of the investor, and will grant Macro access to such documents upon request.

**Please attach a copy of the appropriate FPA / FSC identification form.**

I confirm that I have verified the identity of the investor(s) in accordance with the AML / CTF Act and Rules.

I have read, understood and agreed to comply with the above:

Signed (must be signed by the adviser)	Sign here	Date / /
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**Applicant to provide (if no adviser):**

(a) For individuals, one of the following for each person listed in **Section 3**:

- i. a certified copy of:
  - a. a driver's licence; or
  - b. a passport; or
  - c. a card containing a photograph and issued by a state or territory of Australia for the purposes of proving a person's age; or
  - d. a national identity card with the person's photograph and signature that is issued by a foreign government or the UN; or
- ii. a certified copy of **both**:
  - a. i. a birth certificate or birth extract issued by a state or territory of Australia, a foreign government or the UN; **or**
  - ii. a citizenship certificate issued by Australia or a foreign government; **or**
  - iii. a pension card issued by Centrelink; **and**

- b. a notice containing the Applicant's name that:
- i. was issued by the commonwealth, a state or territory within the last 12 months and records the provision of financial benefits; **or**
  - ii. was issued by the ATO within the last 12 months and records a debt to or by the Applicant; **or**
  - iii. was issued by a local government body or utilities provider within the last 3 months and records the provision of services to the Applicant.
- (b) For Australian companies;
- i. a search of the relevant ASIC database (including the name and addresses of those shareholders of unregulated proprietary companies that hold more than 25 percent of the issued share capital in the company);
  - ii. a search of the relevant stock exchange (where company advises it is listed); and
  - iii. a search of the licence or other records of the relevant regulator (where company advises it is regulated).
- (c) For foreign companies;
- i. if registered, a search of the relevant ASIC database that contains information about the beneficial ownership of the company;
  - ii. if unregistered, a search of the relevant foreign registration body database that contains information about the beneficial ownership of the company; and
  - iii. if unregistered and the above service is not readily available, an original or certified copy of a certificate of registration (or equivalent) issued by a foreign registration body.
- (d) For trusts, a certified copy of the Trust Deed;
- (e) For partnerships, a certified copy of the Partnership Agreement.

#### Certification of Documents

All copies of original documents such as Drivers Licence, powers of attorney, Passport, etc. need to be certified that they are a true and correct copy of the original document stating the name and title of the person certifying the document. The certification should be made by a person who in the State or Territory of certification has the authority to witness a statutory declaration.

Photocopies of documents will not be accepted in lieu of originals unless certified with original signatures.

#### **Go to Section 12.**

### **Section 12. Declarations and signatures**

I / We acknowledge, agree and warrant that:

- I / we must pay application monies equal to the investment amount at the time of this application in accordance with the PDS and this application form;
- I / we have personally received the PDS in Australia and read the PDS (either printed or by electronic means) accompanied by or attached to the application form;
- I / we have read section 2.6 titled "Privacy" in the Additional Information and agree Macro and its external service providers may disclose information about me / us of the type and in the manner referred to in that section;
- My / our instructions to a financial institution to electronically transfer application monies to the application account are not processed instantly; inherent limitations in the banking system can delay the receipt and identification of my / our application monies and Macro does not accept any responsibility for deposits it does not know about or appear later in the application account with an earlier deposit date and / or time;
- I / we agree to indemnify Macro, Forager and the Fund against any losses, costs and expenses reasonably incurred in the event that application monies are not received as cleared funds. Such costs could for example include losses incurred by the Fund as a direct result of adverse market movement where Macro or Forager exercises their discretion to enter into transactions on behalf of the Fund in anticipation of the receipt of cleared funds.
- I / we have read section 2.7 of the Additional Information titled "Anti-money laundering" and have provided either my / our adviser or Macro / its external service provider with certified copies of acceptable identification information;
- I / we declare that I / we are not aware and have no reason to suspect that the application monies have been derived from, or are related to, money laundering or the financing of terrorism (as those terms are defined in the AML / CTF Act and Rules);
- I / we agree to be bound by the PDS and the Constitution for the fund I / we invest in (as amended from time to time);
- neither Macro nor any of its related bodies corporate or associates, nor Forager, guarantees the repayment of capital invested in, or the performance of, the Fund;
- if I am / we are an individual(s), that I am / we are aged 18 years or over;
- I am / we are Australian resident(s);
- it is my / our responsibility to keep Macro updated with any changes to my/our personal or bank account details;
- if I / we have accessed an electronic version of the PDS, I am / we are Australian resident(s) and have only accessed the PDS from within Australia;
- if this application is by a body corporate, this application form is signed in accordance with its constitution and the Corporations Act;
- if I am / we are signing this application form under a power of attorney, no notice of revocation of that power has been received; and
- I / we agree that I / we will provide all necessary co-operation and assistance, including the provision of information, waivers and consents, for Macro to comply with its obligations in relation to any Australian or foreign taxes.

Individual / Investor 1    Director    Sole Director    Sole Company Secretary

Date:

Individual / Investor 2    Director    Company Secretary

Date:

**Section 12.1 – Signing the application form**

Investor type	Required signature(s)
Individual(s)	Each individual to sign
Company	2 directors; or a director and secretary; or a director (if signing as a sole director)
Trust / superannuation fund	Trustee to sign, i.e. each individual acting as a trustee; or Company acting as trustee (per company requirements above)
Partnership	Partner(s) to sign
Association / co-operative	Chairperson (president), secretary or treasurer to sign
Agent under power of attorney	Agent to sign, i.e. individual acting as agent; or Company acting as agent (per company requirements above) A valid certified copy of the power of attorney is to be attached to this application form (unless previously given)