ATRIUM
Risk Targeted Investing

Client Services contact details
Phone 1300 759 050
Email investors@atriuminvest.com.au

Initial Application Form

Marketing name: Atrium Evolution Risk Targeted Fund
Registered name: Atrium Evolution Series – Diversified Fund (ARSN 151 191 776)

The Trust Company (RE Services) Limited (ABN 45 003 278 831, AFSL 235150)

This form relates to a Product Disclosure Statement dated 17 October 2025 (PDS) issued by The Trust Company (RE Services) Limited (ABN 45 003 278 831, AFSL 235150) for the offer of units in the Atrium Evolution Risk Targeted 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 and the relevant Target Market Determination (TMD) before completing this Initial Application Form.

If you are an existing Unitholder(s) and this is an additional investment, please use the Additional Application 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.atriuminvest.com.au

Investor classification

It is a condition for an investment into the Fund by an investor who is a retail client (as defined in the Corporations Act) that the investor has received personal financial advice in respect of the Fund. Failure to confirm this information will result your application being rejected.

Please confirm what category of investor you are. You must select one option:

- ☐ You are a Wholesale Investor (as defined by section 761G of the Corporations Act 2001)
- ☐ You are a Platform Provider
- ☐ You are a Retail investor (as defined in the Corporations Act) that has received personal financial advice in respect to the Fund. You must provide details of your Financial Adviser in section 8. **Failure to do so will result in your application being rejected.**

1. Investor type

Investor type		Complete sections	Please complete the required Identification Form and provide certified copies of the identification requested on the Identification Form
Individual and Joint Investor	A natural person or persons.	2, 6, 7, 8, 9 & 10	Form A – Individuals
Sole trader	A natural person operating a business under their own name with a registered business name.	2, 3, 5, 6, 7, 8, 9 & 10	Form A – Individuals
Companies	A company registered as an Australian public company or an Australian proprietary company, or a foreign company.	3, 4, 5, 6, 7, 8, 9 & 10	For a Company, complete the relevant form based on company type (either Forms B or C). All Beneficial Owners named on Form B or C must complete Form A.
Custodians or Nominees	These are companies that provide custodial or depository services. In the context of managed investment schemes, custodians or nominees may hold interests on trust for the responsible entity of the scheme. The responsible entity for the scheme then holds interests on trust for the investors in that scheme. In the context of margin lending, a nominee may hold interests on trust for the borrower who has borrowed money from the margin lender.	3, 4, 5, 6, 7, 8, 9 & 10	For Custodians, complete Form D For Nominees, complete Form E.
Trusts	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).	3, 4, 5, 6, 7, 8, 9 & 10	For the Trust, complete either Form D or E; 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.
Partnership	A partnership created under a partnership agreement.	3, 5, 6, 7, 8, 9, & 10	For the Partnership, please complete Form F. All Beneficial Owners named on Form F must complete Form A.
Associations	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.	3, 5, 6, 7, 8, 9, & 10	For the Association, please complete Form G. All Beneficial Owners named on Form G must complete Form A.
Registered co-operative	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.	3, 5, 6, 7, 8, 9, & 10	For the Registered co-operative, please complete Form H. All Beneficial Owners named on Form H must complete Form A.
Government body	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.	3, 5, 6, 7, 8, 9, & 10	For a Government body, please complete Form I. All Beneficial Owners named on Form I must complete Form A.

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2. Individual, Sole Trader and joint account holder investor details

If there are more than two individual investors, please provide details and attach this to the Application Form.

Applicant 1

Investor type – Individual

Title		Surname	
Full Given Name		Occupation	
Australian Tax File Number			

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

Are you an Australian resident? YES ☐ NO ☐

Financial adviser details have been provided at Section 8? YES ☐ NO ☐

Residential address

Street address 1			
Street address 2			
Suburb		Postcode	
State		Country	

Postal address if different to residential

Preferred contact method:

Street address 1			
Street address 2			
Suburb		Postcode	
State		Country	
Phone number (business hours)			
Phone number (non-business hours)			
Mobile number			
Email address			

In certain circumstances, we may still need to send you letters in the post.

☐ 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 on this Application Form.

☐ I nominate my financial adviser as noted in section 8 to receive all investor correspondence.

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Applicant 2 (If applicable)

Investor type – Individual

Title		Surname	
Full Given Name		Occupation	

Australian Tax File Number

If you are an Australian resident for tax purposes, please provide your tax file number (TFN) or a reason for exemption. If you are an Australian resident and do not provide your TFN, or a reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

Are you an Australian resident? YES ☐ NO ☐

Financial adviser details have been provided at Section 8? YES ☐ NO ☐

Residential address

Street address 1			
Street address 2			
Suburb		Postcode	
State		Country	

Postal address if different to residential address

Preferred contact method:

Street address 1			
Street address 2			
Suburb		Postcode	
State		Country	
Phone number (business hours)			
Phone number (non-business hours)			
Mobile number			
Email address			

In certain circumstances, we may still need to send you letters in the post.

☐ 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 on this Application Form.

☐ I nominate my financial adviser as noted in section 8 to receive all investor correspondence.

3 All other account holders' investor details

Investor type/capacity:

☐ Company ☐ Trust ☐ Association ☐ Government body

☐ Partnership ☐ Co-operative

Other (please specify)

Margin Lending (please provide the below information):

Legal Unit holder for the investment:

Name of the Margin Lender:

Loan Number:

Full name of Company/Business if Sole trader/Trust (including Trustee details)/Partnership/Association/ Co-operative/Government body:

Australian Tax File Number

ABN (if applicable)

Principle business activity

Address

Street address 1

Street address 2

Suburb Postcode

State Country

Phone number (business hours)

Mobile number

Email address

Preferred contact method:

In certain circumstances, we may still need to send you letters in the post.

☐ 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 on this Application Form.

☐ I nominate my financial adviser as noted in section 8 to receive all investor correspondence.

4 Trust Type – Custodian or Nominee

If you selected investor type Trust, are you a Custodian or Nominee?

☐ No – go to 5.

☐ Yes – please complete the 4 questions below.

	YES	NO
a. Do you provide a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (AML/ CTF Act)? (i.e., to the underlying investor not your related body corporate) ?	☐	☐
b. Do you hold an AFSL or are you exempt from the requirement to hold such license? If Yes, AFSL Number or specify the grounds for exemption:	☐	☐
c. Are you enrolled as a reporting entity with AUSTRAC, or do you satisfy one of the 'geographical link' tests in subsection 6(6) of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (AML/CTF Act)?	☐	☐
d. Have you carried out all applicable customer identification procedures (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to your underlying customers? (including where you have relied on a member of your designated business group or an Authorised representative to perform the ACIP and OCDD).	☐	☐

5 Authorised Signatory List and Verifying Officer

ONLY COMPLETE THIS SECTION IF YOU COMPLETED SECTION 3

Authorised Signatory List

Do you have an authorised signatories list (ASL)? ☐ No ☐ Yes - For the ASL to be valid, please provide all the requirements below:

A certified copy of the ASL with the full name, position, and signature of each authorised signatory ☐

A certified copy of the authorising document (e.g., Power of Attorney) ☐

Please tick to confirm the authorising document or Power of Attorney is still valid and it has not been revoked ☐

Verifying Officer

Do you have a verifying officer? ☐ No ☐ Yes - Please provide all of the following:

Full Given Name and Surname of verifying officer

Date of birth (DD/MM/YY ___ / ___ / ___

Verifying officer residential address

☐ certified copy of your ID (Form A – Individuals)

☐ letter of appointment in company's letterhead signed by an authorised person

I confirm I have:

- Identified the authorised representatives or signatories of the above customer in accordance with requirements of the A*nti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) (AML/CTF) Act and Rules and have provided with this form the full name and signature of each authorised representative or signatory (ASL).
- collected the following details from each authorised representative or signatory:
  - full name of authorised representative/signatory
  - title of the position/role held by the authorised representative/signatory with the customer
  - a copy of the authorised representative/signatory's signature; and
  - evidence of the authorised representative/signatory's authorisation to act on behalf of the customer
- made a record of the above details for each authorised representative/signatory which will be retained by the customer.

Signature of Verifying Officer

Date (DD/MM/YY) ___ / ___ / ___

6 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 'Certifying Your Documents' Information Sheet.

Full Given Name		Surname	
Signature of Authorised Representative			
Date (DD/MM/YYYY)	/ /		

7 Investment details

Investment amount

The minimum initial investment in the Fund is $15,000, and if investing in more than one class of units, the minimum is $5,000 in any class of units

Fund name	Investment amount AUD $
Atrium Evolution Series - Diversified Fund AEF 5 Units - COL0029AU	
Atrium Evolution Series - Diversified Fund AEF 7 Units - COL0030AU	
Atrium Evolution Series - Diversified Fund AEF 7 P Units - PIM7509AU	
Atrium Evolution Series - Diversified Fund AEF 9 Units - COL0031AU	
Atrium Evolution Series - Diversified Fund AEF 9 P Units - PIM5301AU	

Source of funds being invested (choose most relevant):

- ☐ Retirement income
- ☐ Employment income
- ☐ Business activities
- ☐ Other (please specify)
- ☐ Inheritance/gift
- ☐ Financial investments
- ☐ Sale of assets

Annual and half-yearly reports

Electronic copies of the Fund's latest annual and half yearly financial statements are available on the Atrium Investment Management website at www.atriuminvest.com.au

☐ Tick this box if you also require us to mail you a paper copy of the Fund's Annual and Half-Yearly Financial Statements.

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Payment method

☐ **Cheque**[1]

Please make cheques payable to:
Atrium Funds – Application A/C

*Cheques should be crossed 'Not negotiable'. Please include investor name and address on the back of the cheque.

☐ **Deposit/Electronic Funds Transfer**[2]

Please ensure that the full name of the investor is provided and use the Fund name as the reference. Separate deposits are required for each investment. If you invest in more than one Atrium fund, please ensure that you provide the name of each fund in each deposit.

Bank:	National Australia Bank
Reference::	Investor Name and Fund Name (as applicable)
Account name:	The Trust Company (RE Services) Limited as Responsible Entity for - Atrium - Application Account
BSB:	082 057
Account number:	30 951 6937
Date of transfer	/ /

Distribution payment instructions[3]

☐ Please reinvest my distributions in the relevant Fund

☐ Please pay my distributions directly to my nominated bank account

Bank account details

Bank		Account name	
BSB		Account number	

By providing your bank account details in this Section, you authorise these details to be used for all future transaction requests that you nominate for any of your investments in the Fund (including for any pre-existing investments in the Fund) until you provide us with notification of a change of bank account details.

If you have previously provided different bank account details for your investments in other Atrium funds, then these previously provided bank account details will continue to apply for the other funds until you provide us with notification of a change of bank account details for these other funds.

1. Investment instructions accompanied by a cheque will be processed when the cheque amount has cleared into the applications bank account.

2. Investment instructions received before 4.00 p.m. on the second last business day of the week will be processed using the effective price of the last business Day of the same week. If our Administrator receives investment instructions after 4.00 p.m., you will receive the price issued on the last business Day of the following week.

3. If no election is made, distributions will automatically be reinvested in additional units (unless the distribution reinvestment scheme has been suspended, in which case they will be paid to you by direct credit). Please note that this election applies to all of your investments in the Fund (including for any pre-existing investments in the Fund) until you provide us with a changed election. If you wish to make separate elections in respect of your investments in the Fund, then you must provide a separate written instruction to this effect.

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Regular investment / savings plan[4] (minimum $500 per month)

Effective date of regular investment/ savings plan	

Atrium Evolution Series - Diversified Fund AEF 5 Units - COL0029AU	$	
Atrium Evolution Series - Diversified Fund AEF 7 Units - COL0030AU	$	
Atrium Evolution Series - Diversified Fund AEF 7 P Units - PIM7509AU	$	
Atrium Evolution Series - Diversified Fund AEF 9 Units - COL0031AU	$	
Atrium Evolution Series - Diversified Fund AEF 9 P Units - PIM5301AU	$	

Direct debit request for the Regular Savings Plan

If you elect to make investments by direct debit authority, you must read and accept the terms and conditions of the Direct Debit Request Service Agreement which is available on the Atrium Investment Management website or can be obtained free of charge by contacting us. You should also check with your financial institution to confirm that your nominated bank account can support direct debits, and to determine any fees your financial institution may charge you for using the direct debit service.

Please indicate the account from which you would like us to deduct the investment(s) for the regular investments/savings plan:

- ☐ Please debit my previously nominated bank account
- ☐ Please debit a different bank account nominated below

Your direct debit bank account details

Bank		Account name	
BSB		Account number	

8 Financial adviser details

By filling out this section you nominate and consent to the named Financial Adviser accessing your information.

Adviser name (full name)			
Name of advisory firm			
Name of dealer group			
AFSL or AFSL representative number			
Address		Postcode	
State		Country	
Phone number (business hours)			
Mobile number			
Email Address			

If you have elected your financial adviser to receive all investor correspondence, please confirm the financial advisers preferred contact method:

- ☐ I consent to receive all investor correspondence from you by email to the email address provided in section 8.
- ☐ I wish to receive all investor correspondence by post to the address provided in section 8.

4. The Regular Savings Plan is subject to a minimum investment of $500 per month and will allow investors to consistently invest in the fund at regular intervals (on a monthly basis). For participants who take part in the Regular Investment/Savings Plan, direct debits are scheduled to occur on the 15th of every month or the following business day if the 15th is a non-business day. If you elect to participate in this plan, please ensure that funds are available to be debited prior to this day to eliminate any settlement issues. Investors will then receive units using the effective price of the last business day of the same week and units will be issued on the next dealing day.

9 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.
- I/we have read the current TMD.
- 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* (Cth).
- 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 the 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.
- 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.
- 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.
- If I/we have elected to make investments by direct debit authority, I/we acknowledge and accept the terms and conditions of the Direct Debit Request Service Agreement.

10 Signatures

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

Applicant 1

Signature

Full Given Name

Date (DD/MM/YYYY) / /

Tick capacity (mandatory for companies)

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

Applicant 2

Signature

Full Given Name

Date (DD/MM/YYYY) / /

Tick capacity (mandatory for companies):

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

You can send your forms according to the details below:

Post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to:

Atrium - Registry Services
GPO Box 804
Melbourne VIC 3001

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