Ruffer Total Return International – Australia Fund

Initial Application Form

The Trust Company (RE Services) Limited

ABN
45 003 278 831

Fund name
Ruffer Total Return International – Australia Fund

Fund ARSN
643 278 693

This Initial Application Form relates to a Product Disclosure Statement dated 6 December 2023 (PDS) issued by the Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL 643 278 693, for the offer of units in the Ruffer Total Return International – Australia 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, please contact Ruffer at australiafund@ruffer.co.uk

1 Consumer attributes

Please confirm the 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.

What is your primary investment objective?

- ☐ Capital growth
- ☐ Capital preservation
- ☐ Income distribution

What is your investment time horizon?

- ☐ Up to and including 2 years ie short term
- ☐ More than 2 years but less than 5 years ie medium term
- ☐ Equal to 5 years but less than 7 years ie medium to long term
- ☐ Equal to 7 years or more ie long term

What is your intended use of this in investment in your overall investment portfolio?

- ☐ 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%

What do you anticipate your withdrawal needs?

- ☐ 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

Where did you hear about the Fund?

- ☐ Financial adviser
- ☐ Platform
- ☐ Research house
- ☐ Other please specify

2 Investor type

		Complete sections	Please complete the required Identification Form and provide certified copies of the identification requested
☐ Individual and Joint investors	A natural person or persons.	2, 4, 5, 6, 7, 8	Form A – Individuals
☐ Sole trader	A natural person operating a business under their own name with a registered business name.	3, 4, 5, 6, 7, 8	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	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.
☐ 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	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 be complete Form A
☐ Partnership	A partnership created under a partnership agreement.	3, 4, 5, 6, 7, 8	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 of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.	3, 4, 5, 6, 7, 8	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, 4, 5, 6, 7, 8	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, 4, 5, 6, 7, 8	For a Government body please complete Form I. All Beneficial Owners named on Form i must complete Form A.

3 Individuals and joint account holders investor details

Applicant 1

Investor type ☐ Individual

Full name

Title | Given name | Surname

Australian Tax File Number | Occupation

Residential address
Street address 1
Street address 2

Suburb | State | Postcode

Country

Postal address
(if different to residential)
Street address 1
Street address 2

Suburb | State | Postcode

Country

Telephone
Business hours | Non-business hours

Mobile | Email

Preferred contact method

☐ I consent to receive all investor correspondence by email to the email address provided.
☐ I wish to receive all investor correspondence by post to the postal address provided.
☐ I nominate my financial advisor, as noted in section 6, to receive all investor correspondence.

Applicant 2

(if applicable)

Investor type ☐ Individual

Full name

Title | Given name | Surname

Australian Tax File Number | Occupation

Residential address
Street address 1
Street address 2

Suburb | State | Postcode

Country

Postal address
(if different to residential)
Street address 1
Street address 2

Suburb | State | Postcode

Country

Telephone
Business hours | Non-business hours

Mobile | Email

Preferred contact method

☐ I consent to receive all investor correspondence by email to the email address provided.
☐ I wish to receive all investor correspondence by post to the postal address provided.
☐ I nominate my financial advisor, as noted in section 6, to receive all investor correspondence.

4 All other account holders investor details

Investor type/ capacity

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

Full name
of company/ business if sole trader/ trust (including trustee details/partnership/ association/co-operative/ government body

Tax File Number

ABN
(if applicable)

Principal business activity

Address
Street address 1
Street address 2

Suburb

State

Postcode

Country

Telephone
Business hours

Mobile

Fax

Email

Preferred contact method

- ☐ I consent to receive all investor correspondence by email to the email address provided.
- ☐ I wish to receive all investor correspondence by post to the postal address provided.

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.

Authorised representative

Title

Given name

Surname

Signature of authorised representative

Date

6 Investment details

Share class (if applying into a specific class)		Investment amount (subject to minimums)	

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, payable to

Ruffer Total Return International – Australia Fund Application

☐ Direct credit/Electronic Funds Transfer

Bank	National Australia Bank
Acct name	Apex Fund Services Pty Ltd as custodian for Ruffer Total Return International – Australia Fund Application Account
BSB	082-401
Acct number	228302750
SWIFT	NATAAU3303M

Distribution payment instructions (choose one)

- ☐ Reinvest my distributions in the relevant Fund
- ☐ Pay my distributions directly to my nominated bank account

Your distribution bank account details

Bank		Account name	
BSB		Account number	

Redemption account

If you require a separate account for redemption payments, please provide details

Bank		Account name	
BSB		Account number	

Savings plan (if applicable)

7 Financial advisor 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					
Telephone Business hours		Mobile			
Fax		Email			

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

- ☐ I consent to receive all investor correspondence by email to the email address provided above.
- ☐ I wish to receive all investor correspondence by post to the address provided above.

By completing 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	%	Dollar remuneration per month (inc GST)	$

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 or 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.

9 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 name | Date

Capacity (mandatory for companies)

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

Applicant 2

Signature

Full name | Date

Capacity (mandatory for companies)

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

Please post your original signed Initial Application Form, Identification Forms and certified copies of your identification required to –

Unit Registry
Apex Fund Services Pty Ltd
GPO BOX 4968
Sydney NSW 2001

Completed applications may also be emailed to –
registry@apexgroup.com

Please ensure you have transferred your application monies or enclose a cheque for payment.