

Additional Investment Form

Issuer and Trustee/Responsible Entity | AGP Investment Management Limited

Date | 8 June 2023

The simplest and fastest way to make an additional investment is to transfer via BPAY. Additional Investment Form is not required if you transfer via BPAY, simply use the Biller Code and Reference Number that is on your monthly statement. For further assistance, please contact AGP Investment Management Limited 1300 052 054.

This form can only be used if you have an existing investment in any of the funds listed in below. If not, please complete an initial application form (available at www.associateglobal.com)

WCM Quality Global Growth Fund (Managed Fund) Class A (Unhedged)

WCM Quality Global Growth Fund (Managed Fund) Class B (Hedged)

WCM International Small Cap Growth Fund (Managed Fund)

Woodbridge Private Credit Fund

Section A Investor Details

Shareholder Reference Number (SRN)

Fund or Trust in which investment is held (MUST BE COMPLETED)

Registered Account Name (in full)

Registered Address

Level

Street number

Street name

Suburb

State

Postcode

Country

Contact Details

Phone

Email

Section B Additional Investment Details

WCM Quality Global Growth Fund (Managed Fund) Class A (Unhedged)¹
 APIR Code: SWI1413AU Amount (AUD)

WCM Quality Global Growth Fund (Managed Fund) Class B (Hedged)¹
 APIR Code: SWI4949AU Amount (AUD)

WCM International Small Cap Growth Fund (Managed Fund)¹
 APIR Code: SWI9720AU Amount (AUD)

Woodbridge Private Credit Fund²
 APIR Code: SWI9392AU Amount (AUD)

Please note:

1. The minimum additional investment amount is \$10,000 and the minimum account balance is \$20,000. Please refer the Product Disclosure Statement and Product Guide for more details.
2. This Fund is available to Wholesale Investors only. The minimum additional investment amount is \$25,000 and the minimum account balance is \$25,000. Please refer the Information Memorandum for more details.

Section C Distribution and Payment Election (Optional)

Do you want to change your existing distribution method and payment method relating to this investment?

Only complete this section if you wish to make a change. Otherwise please leave blank.

1. Distribution election preference

Reinvestment Cash

2. Method of payment

Direct credit Cheque

PLEASE NOTE ANY ELECTION ABOVE WILL AFFECT YOUR ENTIRE HOLDING IN THE FUND SELECTED.

Section D Banking Instructions (if required)

Please check your account details carefully. It is your responsibility to ensure that all payee account details are correct. Incorrect details may result in a loss of funds we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please confirm the correct account details with the payee.

Pay to the nominated account on file?

Yes No. Please complete details below

Australian Financial Institution Branch

Account name

BSB Account number

Section E Payment method (all payments must be made in AUD)

Cheque

Cheques should be made payable to [FUND NAME] and attached to this Additional Investment Form

Electronic Funds Transfer

Name: PCPL – ITF AGP Investment Management Limited Application
Bank: Commonwealth Bank of Australia – Town Hall Branch
BSB: 062 028
Account No.: 1162 1279
Reference: [INVESTOR NAME]*

**We will use this reference on our transaction statement to identify who the payment is from*

Section F Declaration and signature

I/we declare that:

- I/we have read and understand the Product Disclosure Statement (PDS), Product Guide (PG) or Information Memorandum (IM) and acknowledge that this additional application request is subject to the terms and conditions in the PDS, PG or IM
- All details provided in this Additional Application Form are true and correct and I/we undertake to inform you of any changes to the information provided as and when they occur
- If signing under a power of attorney, the attorney declares that he/she has not received revocation of the power of attorney
- I/we may be required to provide additional proof of identification information for the purposes of AML/CTF Laws

Signature 1

Name

Signature

Date

Signature 2#

Name

Signature

Date

#If more signatures are required to operate this account, please include on a separate piece of paper

Link Market Services Limited, as the registry provider to the fund, may contact the account holder to confirm the validity of the additional application request.

Please send the completed Additional Application Form via email, fax or mail to the details below:

Mail	Link Funds Solutions PO Box 3721 Rhodes NSW 2138 Australia
Email	agpunlisted@linkmarketservices.com.au
Fax	02 9287 0311

For further information, please contact AGP Investment Management Limited on 1300 052 054.