

GPS INVESTMENT FUND LIMITED

AFSL No: 383080 ACN: 145 378 383

INVESTOR SERVICES

1800 999 109



GPS INVEST SELECT FUND REGISTRATION FORM FORM 1: FOR INDIVIDUALS

Issue Date 9 May 2011

This is a Registration Form for Units in the GPS Invest Select Fund (the "Fund") ARSN 149 257 410 issued by GPS Investment Fund Limited ("GPS") AFSL 383080. This Registration Form accompanies the PDS of the Fund dated 9 May 2011 including any supplementary PDS issued.

A person who gives another person access to the Registration form must at the same time and by the same means give the other person access to the PDS including any supplementary PDS.

Please print in block letters using a black or blue pen.

SECTION A: Investor Details

Joint investors please note: You will be treated as joint tenants.

	Applicant 1	Applicant 2 (joint applications)
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
<i>Residential Address</i>		
Street Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	State <input type="text"/>
Postcode	<input type="text"/>	Postcode <input type="text"/>
<i>Postal Address</i>	<input type="text"/>	<input type="text"/>
<i>(if different to above)</i>	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	State <input type="text"/>
Postcode	<input type="text"/>	Postcode <input type="text"/>
<i>Contact details</i>		
Telephone (BH)	<input type="text"/>	<input type="text"/>
Telephone (AH)	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
TFN (or specify exemption if claimed)	<input type="text"/>	<input type="text"/>
If there is more than one applicant, please nominate the primary contact for correspondence <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		

SECTION B: Distribution Details

I would like my earnings and redemptions paid into my GPS interest bearing holding account:

Yes

No, please pay my earnings and redemptions to the bank account as specified in Section C.

SECTION C: Australian Bank Account Details

Complete whether you ticked yes or no in Section B. Distributions and/or redemptions are to be paid directly to this nominated bank account.

Bank or financial institution name

Account name

BSB

Account Number:

Please note: The Fund is not responsible for any displaced, lost or unrecoverable funds where it has relied on the information provided above.

SECTION D: Customer Identification Verification

The information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ("AML/CTF Act"). **EACH APPLICANT** must fill in the relevant sections below and provide the requested evidence of identify verification to us. You must send in one **certified copy*** (not originals) of each of the following for **EACH APPLICANT**:

- one primary photographic identification document (Category A) **OR**

- one primary non-photographic identification document **AND** one secondary identification document (Category B).

Please note that: we cannot accept certified copies by fax.

* For your document to be correctly certified, please refer to the instructions in the How to Apply section on page 22 of the PDS.

IDENTITY VERIFICATION FOR AUSTRALIAN RESIDENTS

Each applicant who is an Australian resident must complete the identify verification below.

Please cross (x) which document(s) you have provided:

Please provide relevant documentation from **EITHER** Category A or Category B.

Category A: a certified copy of **ONE** of the following documents that contains your photo, full name and either your date of birth or your residential address:

Applicant 1	Applicant 2	
<input type="checkbox"/>	<input type="checkbox"/>	Australian driver's licence; or
<input type="checkbox"/>	<input type="checkbox"/>	Australian passport (current or expired less than 2 years ago); or
<input type="checkbox"/>	<input type="checkbox"/>	Proof of age card issued under a state or territory law.

Category B: **OR** if you cannot provide one of the above documents, please provide one document from both **i AND ii** below:

i. a certified copy of ONE of the following documents:

Applicant 1	Applicant 2	
<input type="checkbox"/>	<input type="checkbox"/>	Australian birth certificate; or
<input type="checkbox"/>	<input type="checkbox"/>	Australian citizenship certificate; or
<input type="checkbox"/>	<input type="checkbox"/>	Pension card issued by Centrelink; or
<input type="checkbox"/>	<input type="checkbox"/>	Health care card issued by Centrelink.

AND ii. A certified copy of a notice that contains your name and residential address which was issued to you by EITHER:

Applicant 1	Applicant 2	
<input type="checkbox"/>	<input type="checkbox"/>	the Commonwealth or a state or territory within the preceding 12 months and records the provision of financial benefits; or
<input type="checkbox"/>	<input type="checkbox"/>	the Australian Taxation Office within the preceding 12 months and records a debt payable by or to you; or
<input type="checkbox"/>	<input type="checkbox"/>	a local government body or utilities provider within the preceding three months and records the provision of services to you.

IDENTITY VERIFICATION FOR NON-AUSTRALIAN RESIDENTS

Non-Australian residents can call GPS on 1800 999 109 for the Identity Verification for Non-Australian Residents Form which shows the documentation required to verify identity of non-Australian residents.

SECTION E: Adviser Details

For investors using the services of an adviser please provide the following details.

Office Name

Title Mr Mrs Miss Ms Other

Surname

First name(s)

Telephone (BH)

Email

Adviser group

Adviser group AFSL

Please cross if applicable: My/our adviser commission to be distributed as indicated in Section B.

SECTION F: Declaration and Signature

Important notes: This application must not be given to any person unless attached to or accompanied by the PDS of the GPS Invest Select Fund dated 9 May 2011 (the "PDS"). GPS may in its absolute discretion refuse any application. GPS will not be bound by representations or statements which are not contained in information disseminated by GPS.

1. I/We apply for the investment detailed in this Registration Form.
2. I/We declare that:
 - all the details in this Registration Form are true and correct;
 - I/we received a copy of the current PDS together with this Registration Form in Australia before I/we completed this Registration Form;
 - I/we have read the current PDS and agree to be bound by the provisions in it and in the Constitution (each as amended from time to time);
 - I/we have sought, or chosen not to seek, the appropriate financial advice before completing this Registration Form;
 - I/we have the legal power and authority to make this application and have complied with all requirements affecting the exercise of that power and authority in making this application;
 - you may act on the authority of the signatories to this Registration Form in connection with this investment.
3. I/we consent to the collection, use and disclosure of my/our personal information as outlined in the current PDS. I/We have authorised my/our financial adviser specified in this Registration Form to provide such further information to you as you may reasonably require.
4. If I/we have signed this Registration Form under a Power of Attorney, I/we declare that no notice of revocation of that Power of Attorney has been received. An original or certified copy of the Power of Attorney must be provided.

	Applicant 1	Applicant 2 (joint applications)
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Name (printed)	<input type="text"/>	<input type="text"/>

Authorised signatories: Either to sign Both to sign *(If not specified both signatories will be required)*

SECTION G: Adviser Details for AML/CTF Act Compliance

For individuals using the services of an adviser, your adviser will be required to complete the following details and sign the relevant verification declaration.

If same as details in Section E please cross.

If different from details in Section E, please complete the following:

Office Name	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
First name(s)	<input type="text"/>
Telephone (BH)	<input type="text"/>
Email	<input type="text"/>
Adviser group	<input type="text"/>
Adviser group AFSL	<input type="text"/>

Identity Verification Declaration

By signing this section, I declare I have sighted either original or certified copies of the document(s) used to satisfy the identity verification requirements in section D. I am qualified to give this certification and I have complied with my obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

ID Document details – Applicant 1

Document 1		Document 2	
Verified from	<input type="checkbox"/> Original sighted <input type="checkbox"/> Certified Copy		<input type="checkbox"/> Original sighted <input type="checkbox"/> Certified Copy
Document issuer	<input type="text"/>		<input type="text"/>
Issue Date	<input type="text"/>		<input type="text"/>
Expiry Date	<input type="text"/>		<input type="text"/>
Document number	<input type="text"/>		<input type="text"/>
Suburb	<input type="text"/>		<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted		<input type="checkbox"/> N/A <input type="checkbox"/> Sighted
Adviser Signature	<input type="text"/>	Date	<input type="text"/>
		Adviser Use Only Stamp/Adviser ID	

ID Document details – Applicant 1

Document 1		Document 2	
Verified from	<input type="checkbox"/> Original sighted <input type="checkbox"/> Certified Copy		<input type="checkbox"/> Original sighted <input type="checkbox"/> Certified Copy
Document issuer	<input type="text"/>		<input type="text"/>
Issue Date	<input type="text"/>		<input type="text"/>
Expiry Date	<input type="text"/>		<input type="text"/>
Document number	<input type="text"/>		<input type="text"/>
Suburb	<input type="text"/>		<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted		<input type="checkbox"/> N/A <input type="checkbox"/> Sighted
Adviser Signature	<input type="text"/>	Date	<input type="text"/>
		Adviser Use Only Stamp/Adviser ID	