

# GPS INVESTMENT FUND LIMITED

AFSL No: 383080 ACN: 145 378 383

INVESTOR SERVICES

1800 999 109



## GPS INVEST POOLED FUND APPLICATION FORM

Issue Date 9 May 2011

### FORM 2: FOR AUSTRALIAN COMPANIES/TRUSTS/PARTNERSHIPS

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

A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the PDS including any supplemental PDS.

## SECTION A: Type of Entity

Please nominate what type of entity is investing and ensure you complete in full the relevant identity verification section.

- Australian company – complete identity verification section H(1)
- Australian trust/superannuation fund - complete identity verification section H(2) and H(4). If the trust has a company trustee the company trustee must also complete section H(1).
- Partnership - complete identity verification section H(3) and H(4).

## SECTION B: Investor Details

Full name of company/trust/partnership

For Companies this must be the full name as registered with ASIC

ACN

OR Full registered business name of partnership or trading trusts

Registration Number

### Applicant 1

(individual trustee or partner, if applicable)

Mr  Mrs  Miss  Ms  Other

First Name

Last Name

Date of Birth

Residential Address

Street Address

Suburb

State

Postcode

### Applicant 2

(individual trustee or partner, if applicable)

Mr  Mrs  Miss  Ms  Other

State

Postcode

**SECTION C: Principle Place of Business**

This section is to be completed by COMPANIES ONLY.

**Principle place of business/operations (must NOT be a PO Box)**

Street Address   
  
 Suburb  State  Postcode

**Registered office (must NOT be a PO Box)**  Cross this box if same as principle place of business; otherwise complete below.

Street Address   
  
 Suburb  State  Postcode

**SECTION D: Postal and Contact Details (Primary contact only)**

If there is more than one individual, trustee or partner, complete for Primary contact only.

Street Address/PO Box   
  
 Suburb  State  Postcode   
 Telephone  Fax   
 Mobile   
 Email   
 Contact person or office

**SECTION E: Tax Information**

ABN  TFN   
 Tax exemption

**SECTION F: Investment Details**

**Minimum investment amount is \$5,000.00.**

Amount to be invested \$

**Cheque attached** (please make payable to **GPS Investment Fund Ltd – GPS Invest Pooled Fund** and mark "Not Negotiable")

**Reinvestment Option**

I would like my earnings reinvested in the Fund:

- Yes
- No, please pay my earnings to the bank account specified in Section G.

**SECTION G: Australian Bank Account Details**

**Complete whether you ticked yes or no in Section F.** 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 H: Customer Identification Verification**

The information is required by the Anti-Money Laundering & Counter-Terrorism Financing laws. **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 23 of the PDS.

**SECTION H(1): Australian Companies only to complete**

I. *Is your company an:*

- Australian company acting as a trustee of a trust/superannuation fund; or  Australian company

II. *Is your company registered with ASIC as a:*

- Public company; or  Proprietary company

Please provide number and full names of directors below. Number of directors

Director 1 - Surname	<input style="width: 95%; height: 20px;" type="text"/>	First Name	<input style="width: 95%; height: 20px;" type="text"/>
Director 2 – Surname	<input style="width: 95%; height: 20px;" type="text"/>	First Name	<input style="width: 95%; height: 20px;" type="text"/>
Director 3 - Surname	<input style="width: 95%; height: 20px;" type="text"/>	First Name	<input style="width: 95%; height: 20px;" type="text"/>
Director 4 - Surname	<input style="width: 95%; height: 20px;" type="text"/>	First Name	<input style="width: 95%; height: 20px;" type="text"/>
Director 5 - Surname	<input style="width: 95%; height: 20px;" type="text"/>	First Name	<input style="width: 95%; height: 20px;" type="text"/>
Director 6 - Surname	<input style="width: 95%; height: 20px;" type="text"/>	First Name	<input style="width: 95%; height: 20px;" type="text"/>

*(Please attach a separate piece of paper listing all additional directors if there are more than 6 directors)*

III. *Shareholders.*

Please provide contact details of ALL individuals who are beneficial owners through one or more shareholdings of more than 25% of the company’s issued capital.

**Beneficial Owner 1:**

Mr  Mrs  Miss  Ms  Other      Surname

First Name       Date of birth

**Beneficial Owner 2:**

Mr  Mrs  Miss  Ms  Other      Surname

First Name       Date of birth

**Beneficial Owner 3:**

Mr  Mrs  Miss  Ms  Other      Surname

First Name       Date of birth

IV. *Identity verification for Australian companies:*

Please ensure the documents you provide confirm:

- i. Full name of company; and
- ii. Whether company is registered as proprietary or public company; and
- iii. ACN; and
- iv. The names and shareholding of the nominated beneficial shareholders.

Please cross which document you have provided:

- A certified copy of:  Up-to-date extract from ASIC database; or  Up-to-date extract from ASX database.

**SECTION H(2): Australian Trusts/Superannuation Funds only to complete**

I. Country in which trust was established

II. Please specify type of trust/superannuation fund (e.g., superannuation fund, unit trust, discretionary trust, combination unit and discretionary trust or bare trust)

III. Please indicate how the trust deed identifies beneficiaries/unitholders:  
 By names of individuals (please list the name of each beneficiary/unitholder below); and/or

<b>Beneficiary 1:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Surname	<input style="width: 95%; height: 20px;" type="text"/>
First Name	<input style="width: 265px; height: 20px;" type="text"/>	Date of birth	<input style="width: 190px; height: 20px;" type="text"/>
<b>Beneficiary 2:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Surname	<input style="width: 95%; height: 20px;" type="text"/>
First Name	<input style="width: 265px; height: 20px;" type="text"/>	Date of birth	<input style="width: 190px; height: 20px;" type="text"/>
<b>Beneficiary 3:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Surname	<input style="width: 95%; height: 20px;" type="text"/>
First Name	<input style="width: 265px; height: 20px;" type="text"/>	Date of birth	<input style="width: 190px; height: 20px;" type="text"/>
<b>Beneficiary 4:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Surname	<input style="width: 95%; height: 20px;" type="text"/>
First Name	<input style="width: 265px; height: 20px;" type="text"/>	Date of birth	<input style="width: 190px; height: 20px;" type="text"/>

*(Please attach a separate piece of paper listing all beneficiaries if there are more than 4 beneficiaries)*

By membership of a class (please list the name of each membership class below).

1	<input style="width: 720px; height: 20px;" type="text"/>
2	<input style="width: 720px; height: 20px;" type="text"/>
3	<input style="width: 720px; height: 20px;" type="text"/>
4	<input style="width: 720px; height: 20px;" type="text"/>
5	<input style="width: 720px; height: 20px;" type="text"/>

IV. Identity verification for Australian trusts/superannuation funds:  
 Please ensure the documents you provide confirm:  
 i. Full name of trust/superannuation fund; and  
 ii. Type of trust/superannuation fund; and  
 iii. The names of the beneficiaries or the beneficiary membership class (as appropriate).

Please provide a certified copy of:  
 Trust deed or extract of the trust deed showing the name of the trust and beneficiaries.

V. No. of trustees

VI. Is the trustee/superannuation fund an individual (or individuals)?  
 No  
 Yes. If yes, they must provide identity verification as outlined in VI or VII overleaf.

VII. For one individual trustee/partner as named in Section B who is an Australian resident, the identity verification in Section H(4) must be completed.

VIII. For one individual trustee/partner as named in Section B who is a non-Australian resident, the identity verification in Section H(4) must be completed.

**SECTION H(3): Australian Partnerships only to complete**

- I. In what country was the partnership established?
- II. Is the partnership regulated by a professional association?
- Yes Name of professional association
- Membership details / number
- No
- III. Identity verification for partnerships:  
Please ensure the documents you provide confirm:
- i. Full name of partnership; and
  - ii. The names of current partners.
- Please cross which document you have provided:  
A certified copy of:  up-to-date extract of the partnership agreement showing the full name of the partnership; or  If the partnership agreement does not confirm that the partner(s) signing is/are current partner(s), other evidence that the person(s) is/are current partners.
- IV. No. of partners   
(Include list of partners not named in Section B)
- V. For one individual partner named in Section B who is an Australian resident, the identity verification in Section H(4) must be completed.
- VI. For one individual partner named in Section B who is a non-Australian resident, the identity verification in Section H(4) must be completed.

**SECTION H(4): Identity Verification**

- I. For each individual named in Section B who is an Australian resident, the following identity verification must be completed.

**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 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.

II. For each individual named in Section B who is a non-Australian resident, the following identity verification must be completed.

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

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

**Category A:** a valid copy of **ONE** of the following documents:

Applicant 1	Applicant 2	
<input type="checkbox"/>	<input type="checkbox"/>	Foreign passport or similar travel document bearing your signature and photograph; or
<input type="checkbox"/>	<input type="checkbox"/>	National identity card issued by a foreign government bearing your signature and photograph.

**Category B:** **OR** if none of the above can be provided, please provide certified copies of **TWO** of the following documents:

Applicant 1	Applicant 2	
<input type="checkbox"/>	<input type="checkbox"/>	Foreign driver's licence that contains your photograph; and/or
<input type="checkbox"/>	<input type="checkbox"/>	Citizenship certificate issued by a foreign government; and/or
<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate issued by a foreign government.

**Documents not in English must be accompanied by an English translation prepared by an accredited translator.**

**SECTION I: 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 used to buy extra units.

**SECTION J: 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 Pooled Fund dated 9 May 2011 (the "PDS"). GPS may in its absolute discretion refuse any application for units. 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 Application Form.
2. I/We declare that:
  - all the details in this Application Form are true and correct;
  - I/we received a copy of the current PDS together with this Application Form in Australia before I/we completed this Application 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 the appropriate financial advice before completing this Application 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 any of the signatories to this application from or my/our financial adviser specified in this Application 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 Application Form to provide such further information to you as you may reasonably require.
4. I/we have signed this Application Form under a power of attorney, I/we declare that I/we have no knowledge of the revocation of that power of attorney.

	Signatory 1	Signatory 2
Signature	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
Date	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Name (printed)	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

- Capacity (cross box)
- Sole Director and sole secretary
  - Director
  - Company Secretary
  - Partner
  - Trustee

- Director
- Company Secretary
- Partner
- Trustee

**SECTION K: Adviser Details**

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 I please cross.

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

Office Name

Title  Mr  Mrs  Miss  Ms  Other

Surname

First name(s)

Telephone (BH)

Email

Adviser group

Adviser group AFSL

**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 H. 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**

	<b>Document 1</b>	<b>Document 2</b>
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
Signature	<input type="text"/>	Date <input type="text"/>
		Adviser Use Only Stamp/Adviser ID

**ID Document details – Applicant 1**

	<b>Document 1</b>	<b>Document 2</b>
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
Signature	<input type="text"/>	Date <input type="text"/>
		Adviser Use Only Stamp/Adviser ID