

FORM 1: INDIVIDUALS AND SOLE TRADERS

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 Product Disclosure Statement ("PDS") dated 26 July 2017 including, where applicable, any Supplementary Product Disclosure Statement ("SPDS") 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 SPDS.

Please complete this form in blue or black ink, using BLOCK LETTERS.

If you need assistance completing this form, please call GPS Investor Services on 1800 999 109.

SECTION A: INVESTOR DETAILS

(Joint investors please note: you will be treated as joint tenants.)

APPLICANT 1

Mr Mrs Miss Ms Other

If other, please specify

First Name

Last Name

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

APPLICANT 2 (joint applications)

Mr Mrs Miss Ms Other

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Residential Address

Street Address

Suburb

State

Postcode

Same as Applicant 1

 Postcode

Postal Address (if different to above)

Address

Suburb

State

Postcode

Same as Applicant 1

 Postcode

Contact details

Phone

Mobile

Fax

Email Address

TFN

(or specify exemption if claimed)

SECTION A: INVESTOR DETAILS (CONT.)

Preferred method of correspondence:

- All correspondence sent via **email** All correspondence sent via **post**
 Monthly statements to be **posted**, with all other correspondence sent via **email**.

If there is more than one applicant, please nominate the primary contact for correspondence:

- Applicant 1 Applicant 2

Individuals please proceed to section B, sole traders please answer the following:

Full business name (if any)

ABN (if any)

Principle place of business (if any - PO Box is **NOT** acceptable)

Street Address

Suburb State Postcode

SECTION B: FACTA INFORMATION

(US Foreign Account Tax Compliance Act)

Is the individual or sole trader a US citizen or resident of the US for tax purposes?

- YES - If yes, provide the individual's US Taxpayer Identification Number (TIN)
 NO

SECTION C: INVESTMENT DETAILS

(Minimum initial investment amount is \$10,000.00)

Amount to be invested \$

- Cheque attached** (please make payable to **GPS Investment Fund Ltd – GPS Invest Pooled Fund**)
 BPAY (you will receive your individual BPAY details along with the confirmation of your registration)

What is the purpose of investment? (Select all applicable options)

- Savings Growth Income Retirement Business account

Other (specify)

Detail the source of your investment amount (Select all applicable options)

- Savings Growth Income Retirement Business account

Other (specify)

Reinvestment option

I would like my earnings reinvested in the Fund:

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

SECTION D: AUSTRALIAN BANK ACCOUNT DETAILS

Complete this section whether you ticked yes or no in Section C. 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 E: CUSTOMER IDENTIFICATION VERIFICATION

The information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ("AML/CTF Act").

- **If you are applying directly** – you will need to provide a certified copy of the document(s) with your application
- **If you are lodging this application through a financial adviser** - you may provide a certified copy with your application OR have your adviser sight an original or certified copy of your document(s) and complete the Identity Verification Declaration on page 6 of this form.

EACH APPLICANT must fill in the relevant sections below and provide the requested evidence of identity 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 27 of the PDS.

Identity Verification for Australian Residents

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.

For Category B, please proceed to the next page.

SECTION E: CUSTOMER IDENTIFICATION VERIFICATION (CONT.)

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.

SECTION F: ADVISOR/ACCOUNTANT DETAILS

(For investors using the services of an adviser or accountant please provide the following details.)

AFS Licensee Name

AFSL Number

Title Mr Mrs Miss Ms Other:

Surname

First Name (s)

Telephone

Email

By completing Section F I/we give permission for GPS to release any requested information to the above mentioned advisor.

SECTION G: DECLARATION AND SIGNATURE

Important notes: This Application Form must not be given to any person unless attached to or accompanied by the PDS of the GPS Invest Pooled Fund dated 26 July 2017 (the "PDS") including, where applicable, any Supplementary Product Disclosure Statement ("SPDS") 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 SPDS. 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, or chosen not to seek, 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 the signatories to 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. If I/we have signed this Application 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

Date
D D M M Y Y Y Y

D D M M Y Y Y Y

Name (printed)

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

IDENTITY VERIFICATION DECLARATION

(For use by office or advisor only.)

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 E. 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

Verified from Original sighted Certified copy

Document issuer

Issue date

Expiry date

Document number

Accredited English translation N/A Sighted

Signature

DOCUMENT 2

Original sighted Certified copy

N/A Sighted

Date

Adviser Use Only Stamp/Adviser ID

ID Document details – Applicant 2

DOCUMENT 1

Verified from Original sighted Certified copy

Document issuer

Issue date

Expiry date

Document number

Accredited English translation N/A Sighted

Signature

DOCUMENT 2

Original sighted Certified copy

N/A Sighted

Date

Adviser Use Only Stamp/Adviser ID

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GPS INVESTMENT FUND LIMITED

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Free call: 1800 999 109

Phone: (07) 3211 8884

Fax: (07) 3236 5123

AFSL No: 383 080 | ABN: 40 378 383

Issue Date: 26 July 2017