

## FORM 2: COMPANIES AND PARTNERSHIPS

This is an Application Form for Units in the GPS Invest Access Fund (the "Fund") ARSN 605 008 535 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. When 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 Investors Services on 1800 999 109.**

### SECTION A: TYPE OF ENTITY

Please nominate what type of entity is investing:

Australian company    **OR**     Partnership

### SECTION B: INVESTOR DETAILS

Full name of company or partnership  
*For Companies this must be the full name as registered with ASIC.*

ABN

**OR**

Full registered business name of partnership

Registration number

### SECTION C: TAX INFORMATION

TFN

Tax exemption

**SECTION D: CONTACT DETAILS**

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

Street Address Suburb  State  Postcode Registered Office Address (must NOT be a PO Box)  Please tick if same as principle place of businessAddress Suburb  State  Postcode Postal Address  Please tick if same as principle place of businessAddress Suburb  State  Postcode 

Contact details

Name Email Phone  Mobile 

Method of correspondence  I/we understand that all correspondence relating to the Fund will be conducted via email. This is to keep the administration costs of the Fund down, and enables GPS to provide a higher rate of return to investors.

**SECTION E(1): AUSTRALIAN COMPANY DETAILS**

Companies only to complete this section, partnerships please complete section E(2).

**I. Regulatory/Listing Details**

If the company is regulated, listed, or majority owned by a listed company select the relevant category and provide the information requested. If not, please proceed to section II.

- Regulated company** (a company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context regulated means subject to oversight beyond that provided by ASIC as a company registration body. Examples of regulated companies include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL) or Registrable Superannuation Entity (RSE) Licensees).

Regulator Name Licence Number (e.g. AFSL, ACL, RSE) 

- Australian Listed Company**

Name of market/exchange 

- Majority-owned subsidiary of an Australian listed company**

Australian Listed Company name Name of market/exchange

**SECTION E(1): AUSTRALIAN COMPANY DETAILS (CONT.)**

**II. ASIC Registration**

Is your company registered with ASIC as a:

Public company; **OR**  Proprietary company

If a proprietary company, please also provide the number and full names of all directors.

Number of directors:

Director 1 - Surname	<input type="text"/>	First Name	<input type="text"/>
Director 2 - Surname	<input type="text"/>	First Name	<input type="text"/>
Director 3 - Surname	<input type="text"/>	First Name	<input type="text"/>
Director 4 - Surname	<input type="text"/>	First Name	<input type="text"/>
Director 5 - Surname	<input type="text"/>	First Name	<input type="text"/>
Director 6 - Surname	<input type="text"/>	First Name	<input 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**

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State  Postcode

Country

Date of birth  
  
D D M M Y Y Y Y

**Beneficial Owner 2**

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State  Postcode

Country

Date of birth  
  
D D M M Y Y Y Y

**Beneficial Owner 3**

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State  Postcode

Country

Date of birth  
  
D D M M Y Y Y Y

*(Please attach a separate piece of paper listing all beneficial owners if there are more than 3 beneficial owners.)*

**SECTION E(2): AUSTRALIAN PARTNERSHIP DETAILS**

Partnerships only to complete this section, companies please ensure you have completed section E(1).

In what country was the partnership established?

Is the partnership regulated by a professional association?

YES - Name of professional association

AND

Membership details/number

NO

Please provide the full names of one or more partners below.

Partner 1 - Surname

First Name

Partner 2 - Surname

First Name

Partner 3 - Surname

First Name

*(Please attach a separate piece of paper listing all partners if there are more than 3 partners.)*

**SECTION F(1): FACTA INFORMATION FOR COMPANIES**

(US Foreign Account Tax Compliance Act)

Companies only to complete this section, partnerships please complete section F(2).

Select ONE of the following categories and provide the information requested. If you do not fall under any of the listed categories please proceed to section G.

**Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable:

If the company does not have a GIIN, please provide its FATCA status (select only ONE of the following categories).

Deemed compliant Financial Institution

Exempt beneficial owner

Non reporting Financial Institution

Other - please provide FATCA status or state 'unknown'

**Public Company that is not a Financial Institution** (Public companies that are not Financial Institutions as described above)

**Other** (Trusts that are not US Trusts, Financial Institutions, or do not have Financial Institution Trustees)

Are any of the Trust beneficiaries, trustees or settlors US citizens or residents of the US for tax Purposes?

YES

NO

If the Trustee is a company, are any of this company's beneficial owners US citizens or residents for US tax purposes?

YES

NO

## SECTION F(2): FACTA INFORMATION FOR PARTNERSHIPS

(US Foreign Account Tax Compliance Act)

Partnerships only to complete this section, companies please ensure you have completed section F(1).

Select only ONE of the following categories and provide the information requested. If you do not fall under any of the listed categories please proceed to section G.

**United States Partnership** (A partnership created in the US, established under the laws of the US or a US taxpayer)

Provide the Partnership's US Taxpayer Identification Number (TIN)

Is the Partnership an exempt payee for US tax purposes?  YES  NO

**Financial Institution** (A custodial or depository institution, as investment entity or a specified insurance company for FATCA purposes)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable:

If neither the partnership has a GIIN, please provide its FATCA status

**Other** (Partnerships that are not US Partnerships)

Are any of the partners US citizens or residents of the US for tax purposes?  YES  NO

If yes, please list below:

**US Partner 1**

Full given name(s)

Surname

US TIN

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

Date of birth

D D M M Y Y Y Y

**US Partner 2**

Full given name(s)

Surname

US TIN

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

Date of birth

D D M M Y Y Y Y

**US Partner 3**

Full given name(s)

Surname

US TIN

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

Date of birth

D D M M Y Y Y Y

*(If there are more than 3 US partners, provide the details of the additional US partners on a separate sheet)*

**SECTION G: 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 Access 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 H.

**SECTION H: AUSTRALIAN BANK ACCOUNT DETAILS****Complete whether you ticked yes or no in Section G.** 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 I: 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 10 of this form.

**I. Identity Verification for Australian Companies****Companies only to complete, partnerships please complete section II.**

Please ensure the documents you provide confirm:

- Full name of company; and
- Whether company is registered as proprietary or public company; and
- ABN; and
- The names and shareholding of the nominated beneficial shareholders.

**SECTION I: CUSTOMER IDENTIFICATION VERIFICATION (CONT.)**

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.

**II. Identity Verification for Partnerships**

**Partnerships only to complete, companies please make sure you completed section I.**

Please ensure the documents you provide confirm:

- i. Full name of partnership; and
- ii. The full names of the current partners and details of their residential address (PO Box is not acceptable).

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.

**III. Identity Verification for Signatories**

**All signatories to complete.**

**EACH SIGNATORY** 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 SIGNATORY**:

- 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.**

*If the signatory 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 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.

**SECTION I: CUSTOMER IDENTIFICATION VERIFICATION (CONT.)**

**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.

*If the signatory is a not 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 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 J: 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 J I/we give permission for GPS to release any requested information to the above mentioned advisor.



**SECTION K: 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 Access Fund dated 26 July 2017 (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, 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.

**Signatory 1**

**Signatory 2 (if applicable)**

Signature



Date

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
D	D	M	M	Y	Y	Y	Y

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
D	D	M	M	Y	Y	Y	Y

Name (printed)



**Capacity  
(cross box)**

- Sole Director and sole secretary
- Director
- Company Secretary
- Partner

- Director
- Company Secretary
- Partner

## 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 I. 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

GPO Box 2252, Brisbane QLD 4001  
Level 4, 300 Ann Street, Brisbane, QLD 4000

**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**