

FORM 3: REGULATED TRUSTS, TRUSTEES AND SMSF

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. 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 for Australia regulated trusts and trustees. Australian regulated trusts are subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator, and include self-managed superannuation funds, managed investment schemes and government superannuation funds.

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: TRUST DETAILS

General Information

Full name of trust

Full business name

Tax Information

TFN

Tax exemption

Main Contact Information

Name Phone

Email

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**.

Type of Regulated Trust

(Select one of the following types of Regulated Trusts)

Self-Managed Super Fund

Provide the SMSF's ABN

Registered managed investment scheme

Provide the Australian Registered Scheme Number (ARSN)

Government Superannuation Fund

Provide the legislation establishing the fund

SECTION A: TRUST DETAILS (CONT.)

Other regulated trust (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme or an APRA-regulated superannuation fund).

Provide name of the regulator
(e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration/
licensing details

SECTION B(1): INDIVIDUAL TRUSTEES DETAILS

Complete this section if the selected trustee is an individual, if the trustee is a company, please complete section B(2).

I. Trustee Details

Country in which trust was established:

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

II. Trustees

Please list all trustees.

Trustee 1

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

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

Email

Contact Number

Trustee 2

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

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

Email

Contact Number

Trustee 3

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

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

Email

Contact Number

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

SECTION B(1): INDIVIDUAL TRUSTEES DETAILS (CONT.)

III. Beneficiaries

Does the trust deed name the beneficiaries/unitholders?

YES - Please list the name of each beneficiary/ unitholder below.

Beneficiary 1

Full given name(s)

Surname

Suburb

State

Postcode

Country

Date of birth

<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

Beneficiary 2

Full given name(s)

Surname

Suburb

State

Postcode

Country

Date of birth

<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

Beneficiary 3

Full given name(s)

Surname

Suburb

State

Postcode

Country

Date of birth

<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

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

NO - Please provide the details of the membership class/es below (e.g. family members of named person, charitable etc.).

SECTION B(2): COMPANY TRUSTEE DETAILS

Complete this section if the selected trustee is a company, if the trustee is an individual, please ensure you have completed section B(1).

I. Company Details

Full name as registered by ASIC

ABN or ACN

Registered Office Address (must NOT be a PO Box)

Address

Suburb

State

Postcode

Principle place of business (must NOT be a PO Box) Please tick if same as registered office address

Address

Suburb

State

Postcode

SECTION B(2): COMPANY TRUSTEE DETAILS (CONT.)

Postal address Please tick if same as registered office address

Postal Address

Suburb State Postcode

II. 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 III.

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

III. Company Type

Select only ONE of the following categories

Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies) proceed to section C.

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies) continue to IV.

IV. Directors

To be completed for proprietary companies, not required for public companies as per section III.

Please provide number and full names of directors below.

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"/>

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

SECTION B(2): COMPANY TRUSTEE DETAILS (CONT.)

IV. Beneficial Owners

To be completed for proprietary companies, not required for public companies as per section III.

Please provide details of all individuals who are ultimate beneficial owners through one of 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

<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

Beneficial Owner 2

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

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

Beneficial Owner 3

Full given name(s)

Surname

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

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

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

**SECTION C: FATCA Information
(US Foreign Account Tax Compliance Act) for Trusts**

Select ONE of the following categories and provide the information requested. If none apply, please proceed to section D.

United States Trust (A trust created in the US, established under the laws of the US or a US taxpayer)

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

Is the Trust an exempt payee for US tax purposes?

YES

NO

Financial Institution or Trust with a Trustee that is a Financial Institution (A Trust that is primarily established for custodial or investment purposes, or a Trust that has a Trustee that is a Financial Institution in its own right)

Provide the Trust or Trustee's Global Intermediary Identification Number (GIIN), if applicable

If neither the Trust nor the Trustee has 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

Excepted Financial Institution

Other - please provide FATCA status or state 'unknown'

SECTION C: FATCA Information (US Foreign Account Tax Compliance Act) for Trusts (CONT.)

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

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

<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

US Partner 2

Full given name(s)

Surname

US TIN

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

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

US Partner 3

Full given name(s)

Surname

US TIN

Residential address (NOT PO Box)

Suburb

State

Postcode

Country

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

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

SECTION D: 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)

SECTION D: INVESTMENT DETAILS (CONT.)

Reinvestment option

I would like my earnings reinvested in the Fund:

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

SECTION E: AUSTRALIAN BANK ACCOUNT DETAILS

Complete whether ticked yes or no in Section D. 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 F: 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 11 of this form.

I. Identity Verification for Australian Trusts/Superannuation Funds

Provide ONE of the following:

- an original certified copy of the trust Deed
- an original product disclosure statement (PDS), annual report or audited financial statement for the Trust
- a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website (for a government superannuation fund)
- alternatively, if you have a financial adviser they may be able to perform a search of the ASIC, ATO or relevant regulator's website

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).

II. 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.

SECTION F: CUSTOMER IDENTIFICATION VERIFICATION (CONT.)

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.

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.

For Category B, please proceed to the next page.

SECTION F: CUSTOMER IDENTIFICATION VERIFICATION (CONT.)

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 G: 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 G I/we give permission for GPS to release any requested information to the above mentioned advisor.

SECTION H: 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 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 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. 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
D D M M Y Y Y Y

D D M M Y Y Y Y

Name (printed)

Capacity (cross box)

Sole Director and sole secretary

Director

Company Secretary

Partner

Other:

Director

Company Secretary

Partner

Other:

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 F. 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 – Signatory 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 – Signatory 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

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