

GSFM Responsible Entity Services Limited ABN 48 129 256 104 AFSL 321517 Please complete the Application Form and return with the required verification documents to: registry@apexgroup.com Apex Fund Services - Unit Registry GPO Box 4968, Sydney NSW 2001

APPLICATION FORM - NEW INVESTORS

Please read the Product Disclosure Statement (PDS) and where appropriate, the 'Additional Information to the Product Disclosure Statement' (which forms part of the PDS) before applying for units in the Fund. An incomplete Application Form will not be accepted.

Instructions to complete

- Please complete all relevant sections of the Application Form using BLACK INK.
- Print within the boxes in CAPITAL LETTERS and mark boxes with 'X' where appropriate.
- Ensure the form is signed by all relevant authorised signatories.
- Arrange payment as per Section 7 or enclose a completed Australian Standard Transfer Form.
- Send all required documentation for AML/CTF purposes as detailed on the 'Verification Documents Checklist' for your investor type.

This Application Form is applicable for the GSFM Responsible Entity Services Limited (GRES) Fund listed below:

	APIR Code	ARSN	PDS date
Man GLG Asia Opportunities Fund	GSF6910AU	658 645 026	2 Sept 2022

1. Investor name and type

a) N	lam	ıe	of	Investor

Account name			

b) Type of investor

Please select one of the investor types below and complete the relevant sections of the application form that apply to you. Ensure you also provide certified copies of the relevant Identification documentation as per the Verification Documents Checklist.

		Indivdual / Joint Investors / Sole Trader	Companies / Partnerships / Associations / Registered Co-operatives / Government body	Trusts
	Select Investor Type			
to be completed	1	 Individual Investors Individual Trustees Directors / Secretaries of Corporates Partners of a partnership 	 Australian public company Australian proprietary company Foreign company Partnership Associations Registered Co-operative Government body 	 Corporate Trustee Self-managed superannuation funds Registered managed investment schemes Unregistered wholesale managed investment schemes Government superannuation funds Other trusts (such as family trusts and charitable trusts)
	2	✓	✓	✓
Sections	3		✓	✓ (Corporate Trustee ONLY)
	4			✓
	5-13	✓	✓	✓

For partnerships, associations, registered co-operatives and government bodies, please contact Apex for assistance with completing your application and the required verification documentation.

2. Individual details - All individuals, including individual investors, individual trustees, directors/secretaries of corporates and partners of a partnership to complete this section.

Please indicate the investor type			
Individual/Joint investors Individual Trustee Company director	Sole trade	r	
Complete the below sections for the indicated individual. Please note that all fields are	re mandator	y.	
a) Individual 1			
Title Surname			
Given name(s)			
Data of high	C I	Chiada	
Date of birth City or town of birth	Country o	TDIRTN	
Residential street address (cannot be a PO Box) Unit/Street numbers and street name			
Suburb		State	Postcode
Phone number Email address			
Tax File Number ¹ OR Reason for Exemption			
Non-resident Charity Other (specify)			
Occupation			
b) Individual 2			
Title Surname			
Given name(s)			
Date of birth City or town of birth	Country o	f birth	
Residential street address (cannot be a PO Box) Unit/Street numbers and street name			
Suburb		State	Postcode
Phone number Email address			
Tax File Number ¹			
OR Reason for Exemption			
Non-resident Charity Other (specify)			
Occupation			

1. Please note:

Failure to quote a Tax File Number (TFN) or Australian Business Number (ABN) is not an offence, however, we are required to withhold tax from your distributions at the highest marginal rate of tax (plus Medicare levy) until your TFN or ABN is provided. Collection of TFN and ABN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws.

c) Sole trader

COMILETE THISTART II INDIVIDUALIS A SOLE TRADER		
Full business name (if any)		
ABN¹ (if any)		
Principal Place of Business (if any) (cannot be a PO Box)		
Unit/Street numbers and street name		
Suburb	State	Postcode
Country		
 Ensure Section 2 (individual details) is also completed for 2 office holders such 2 Directors Director and secretary 1 Partner for a partnership a) Company information 	as:	
Full name		
Full registered business name (if applicable) of the partnership		
Full street address of registered office (cannot be a PO Box) Unit/Street numbers and street name		
Suburb	State	Postcode
Full street address of principal place of business Unit/Street numbers and street name		
Suburb	State	Postcode
Tax File Number ¹ Or ACN/ARBN Or ACN/ARBN		

1. Please note:

OR Reason for Exemption

Failure to quote a Tax File Number (TFN) or Australian Business Number (ABN) is not an offence, however, we are required to withhold tax from your distributions at the highest marginal rate of tax (plus Medicare levy) until your TFN or ABN is provided. Collection of TFN and ABN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws.

b) Beneficial owners - To be completed for all companies that are not public listed companies, majority owned by an Australian public listed company or companies regulated in Australia.

Beneficial owners of company: Please provide details for each shareholder who is beneficially entitled to 25% or more of issued capital in the company. If no shareholder owns more than 25% of the company's shares, please list the persons who directly or indirectly control the company. *Please attach additional pages if there are more than two beneficial owners*.

i) Beneficial owner 1		
Cross this box if same as 'Individual 1' in Section 2. If different, please complete below.		
Title Surname		
Given name(s)	Date of birth	
Residential address (cannot be a PO Box) Unit/Street numbers and street name		
Suburb	State	Postcode
Gasars		
Country		
Country of tax residence (if more than one, please specify all)		
ii) Beneficial owner 2 Cross this box if same as 'Individual 2' in Section 2. If different, please complete below.		
Title Surname		
Surfiame Surfiame		
Given name(s)	Date of birth	
Residential address (cannot be a PO Box) Unit/Street numbers and street name		
Suburb	State	Postcode
Country		
Country		
Country of tax residence (if more than one, please specify all)		
Country of tax residence (if more than one, please specify all)		

c) Type of company Please indicate company type by selecting one of the following: Public listed company [] complete (i) Foreign company [] complete (iv) Majority owned subsidiary of a listed public company Proprietary (including corporate trustees) [] complete (v) 🛘 complete (ii) If applying on behalf of a trust [] go to Section 4 If not \square go to Section 5 Licensed and subject to the regulatory oversight of a commonwealth, state or territory regulator in relation Unlisted public company [] go to Section 5 to its activities as a company [] complete (iii) i) Public listed company Name of exchange on which shares are listed ii) Majority owned subsidiary of a listed public company Name of parent Exchange of parent listing ACN ABN (if any) iii) Licensed company subject to regulatory oversight Name of regulator Regulatory details (e.g. Regulatory ID) iv) Foreign company A) Registered with ASIC Full business name ARBN Name and address of local agent in Australia Name of agent Unit/Street numbers and street name Suburb Postcode State Country Country of formation/incorporation/registration

Registered address in country of formation

B) Registered by foreign registration body. Please ensure you complete (A) above if you are also registered with ASIC.
Name of foreign registration body
Registration number
Country of formation/incorporation/registration
Decision de data de la constantina del constantina de la constantina del constantina de la constantina
Registered address in country of formation
Please indicate company type by selecting one of the following:
Private/Proprietary Public Other (specify)
C) Not registered by foreign registration body or ASIC
Address of principal place of business in country of formation Unit/Street numbers and street name
Suburb State Postcode
Country
v) Directors (Required for all Proprietary Companies, NOT required for Public Companies)
Provide the names of all directors.
Full given names(s) Surname
1)
2)
3)
4)
If there are more directors, provide details on a separate sheet and tick this box.
4. Trust details - All regulated superannuation funds (including SMSF's), other unregulated trusts,
managed investment schemes and charities to complete this section.
Ensure Section 2 (individual details) is also completed for all individual trustees.
a) Trust information
Name of trust / Superannuation fund
Business name (if applicable, in full)
ABN¹
OR Reason for Exemption
Country where trust established (only required if not Australia)

Failure to quote a Tax File Number (TFN) or Australian Business Number (ABN) is not an offence, however, we are required to withhold tax from your distributions at the highest marginal rate of tax (plus Medicare levy) until your TFN or ABN is provided. Collection of TFN and ABN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws.

^{1.} Please note:

b) Type of trust

Please indicate trust structure by selecting one of the following:
Trust is registered and subject to domestic regulatory oversight in its activities as a trust (e.g. SMSF- the regulator is generally the ATO).
Name of regulator
Managed investment scheme registered with ASIC
ARSN LILL LILL LILL
Managed investment scheme which is not registered with ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies.
Trust is a government superannuation fund established by legislation
Name of legislation
Other unregulated trust
Specify type of trust
c) Trust beneficiaries
i) Trust beneficiary 1
Cross this box if same as 'Individual 1' in Section 2. If different, please complete below.
Name
ii) Trust beneficiary 2
Cross this box if same as 'Individual 2' in Section 2. If different, please complete below.
Name
Please provide full name of each beneficiary or a description of each class of beneficiaries. If there are more than two beneficiaries, please attach additional pages.
d) Beneficial owner of trust
Required for unregulated trusts only.
A beneficial owner is the person who controls the activities of the trust.
Please select one of the following:
Cross this box if same as 'Individual 1' in Section 2. Cross this box if same as 'Individual 2' in Section 2.
None of the above. Please complete below and provide the required identification documents. Refer to the Verification Documents Checklist for more information.
Title Surname
Given name(s) Date of birth
Residential address (cannot be a PO Box) Unit/Street numbers and street name
Cubush David
Suburb State Postcode
Country
Country of tax residence (if more than one, please specify all)

5. Politically exposed persons

A 'politically exposed person' (PEP) is an individual who holds a prominent public position or function in a government body or international	ĺ
organisation, both within and outside Australia. This definition also extends to their immediate family members or close associates.	

Please identify any individual named in this Application Form as a PEP or is an immediate family member or close associate of a PEP. 6. Investor contact details (address must be investor's own details and completed in full) a) Investor contact details (joint investors please include one set of contact details for all communications) Please indicate below your preferred option for correspondence. Regular mail; or Email Contact name Postal address (if different to Section 2) Unit/Street numbers and street name Suburb State Postcode Phone number Phone number (business hours) (after hours) Mobile number Fax number Email address b) Adviser/Consultant contact details Please provide a copy of all correspondence to my Adviser. Note: If no election is made copies will not be sent. Please indicate below your preferred option for correspondence. Regular mail; or Email Authorised representative name Practice name Mailing address

Unit/Street numbers and street name

Fax number

Suburb

Phone number

Email address

Dealer group name

Postcode

State

Please provide details of other parties authorised to receive details of your investment.

c) Other contact details (including attorneys/agents)

Please indicate below your preferred option for correspondence. Regular mail; or Email Name Company Relationship to investor Mailing address Unit/Street numbers and street name Suburb State Postcode Fax number Phone number Email address 7. Investment details (must be completed) a) Please specify the investment amount in the table below: **APIR Code Initial amount** Monthly investment Man GLG Asia Opportunities Fund GSF6910AU \$ The minimum initial investment amount is \$10,000. If you participate in a regular monthly investment plan, the minimum initial investment is \$5,000 with a minimum ongoing monthly contribution of \$200 per month required. b) What is the purpose of investment? (select all applicable options) Savings Income Retirement **Business Account** Other (specify) c) Detail the source of your investment amount (select all applicable options) Savings **Business Account** Income Retirement Other (specify)

d) F	Please specify yo	ur preferred payn	nent method				
	Pay by electronic fu If paying by EFT ple following account:	nds transfer (EFT) ase indicate your nam	ne (or part there of)	in the EFT description	n and deposit ap _l	olication moni	es to the
	Legal entity name: Bank:	GSFM Responsible E National Australia Ba		red			
	Account name				BSB	Accoun	t number
	Man GLG Asia Opp	ortunities Fund Applic	cation Account		082-401	39-937-	0563
	Pay by Direct Debit Please deduct the ir not be issued until of Pay by BPAY Please contact Apex	ard Transfer Form is to	lete the Direct Deb int from my nomina ave been cleared b alling us on 1300 133	it Request Section 13) ted bank account show y my bank, which can t	wn in Section 13. take up to three b	l understand t usiness days.	hat units will
8.	Income distri	bution prefer	ence (must be	completed)			
		ence for reinvestment nent will be reinvested			listribution. If a pr	eference is no	ot indicated,
						Distribution p Reinvestment	oreference Bank deposit
Mar	GLG Asia Opportun	ities Fund					

9. Nominated Bank Account details (must be completed)

a) Payment of redemption proceeds (mandatory)

Please provide your bank details for redemptions and distributions. Complete Section C if you have selected to pay your initial investment amount by direct debit.

Distribution and redemption proceeds can only be paid into an account with, and direct debit requests can only be made from, an Australian financial institution. This account must be in the investor's name. Payment to, or direct debit from, a third party bank account is not permitted. For example, if you are paying as a corporate trustee for a trust, the bank account name must include the name of the trust.

Account name
Name of financial institution
Branch
BSB Account number Account number
b) Distribution of income
Complete if you have nominated for distributions to be deposited into your nominated financial institution in Section 8.
Cross this box if same as nominated redemption bank account details above in Section 9A.
If different, please complete below.
Account name
Accounting
Name of financial institution
Trume of minuficial institution
Branch
BSB Account number Account number
c) Direct debit request
Complete if you have requested to make your payment of the initial investment amount by direct debit. Please also ensure you complete Section 13 to provide Apex Registry services the authority to debit your account.
Cross this box if same as nominated redemption bank account details in Section 9A.
Cross this box if same as nominated distribution bank account details in Section 9B.
If different, please complete below.
Name of financial institution
Branch
BSB Account number Account number

10. FATCA / CRS Self Certification

Information about investors that are foreign tax residents must be reported to the Australian Tax Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website www.ato.gov.au

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on their domicile, place of management, principal office or incorporation, the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

You can find terminology guidance of certain terms on page 22 of the Application Form. For more information, visit ato.gov.au.

You do not need to complete this section if you are a Regulated Australian Super Fund.

a) Foreign Account Tax Compliance Act (FATCA)
i) Individual/Joint Investors
Are you a US citizen or resident for tax purpose?
Individual 1
No Yes, please provide your US Taxpayer Identification Number (TIN)
Individual 2
No Yes, please provide your US Taxpayer Identification Number (TIN)
Please attach additional pages if there are more than two individuals.
ii) Entities
Complete <u>one</u> of the following:
1) US trust, company or partnership
Please provide your US Taxpayer Identification Number (TIN)
Is the trust, company or partnership exempt for US tax purposes?
Once complete \square <i>go to Section 10.b</i>
OR
2) Financial institution or trust with a trustee that is a financial institution
$Please\ provide\ your\ Global\ Intermediary\ Identification\ Number\ (GIIN),\ if\ applicable.\ If\ no\ GIIN\ is\ available,\ please\ provide\ FATCA\ status.$
Once complete \square <i>go to Section 10.b</i>
OR
3) Other entity types
Please indicate other entity type by selecting one of the following:
Non-financial proprietary company 🛘 go to Section 10.a.iii
Partnership [] go to section 10.a.iii
Charity 🛮 go to section 10.a.iii
Trust (including testamentary trust) [] go to section 10.a.iii
Registered co-operation [] go to section 10.b
Government entity [] go to section 10.b

Association 🛮 go to section 10.b

iii) US citizens or residents					
Are any of the partners, trust beneficiaries, or residents of the US for tax purposes?	trustees, benefi	cial owners of corporate trust	tees, settlors or be	neficial owners US citizens	
Yes, please complete below for each p	erson. Attach ad	dditional pages if there are m	ore than three.		
No 🛮 go to Section 10.b					
US Person 1	US Person 2		US Person 3		
Full given names(s) / Company name	Full given na	mes(s) / Company name	Full given nam	Full given names(s) / Company name	
Surname	Surname		Surname	Surname	
USTIN	US TIN		US TIN	US TIN	
Residential address (cannot be a PO Box) Unit/Street numbers and street name		ddress (cannot be a PO Box) umbers and street name		Residential address (cannot be a PO Box) Unit/Street numbers and street name	
Suburb	Suburb	Suburb		Suburb	
Character	Chala	Destrode	Challa	D l .	
State Postcode	State	Postcode	State	Postcode	
Country	Country		Country		
b) Common Reporting Standard (C	RS)				
Tax residency					
i) Individual/Joint account holder(s)					
Is the Account Holder a tax resident in a juri	sdiction other tl	han Australia?			
Yes, please complete details in the tab	le below				
No, please 🛮 go to 10.b.iii					
Individual 1 Please complete the table below to indicate your Taxpayer Identification Number (TIN),			where you are liabl	e to pay tax) and provide	
Country of tax residence 1	Country of tax residence 2		Country of tax residence 3		
Country	Country		Country		
TIN or equivalent number (if none, list reason A,B or C)	TIN or equivalent number (if none, list reason A,B or C)		TIN or equivale (if none, list rea		

Reason A: The country where the account holder is liable to pay tax does not issue a TIN or equivalent number to its residents. **Reason B:** The account holder is otherwise unable to obtain a TIN or equivalent number.

Reason C: Authorities of the country of tax residence do not require the TIN or equivalent number to be disclosed.

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Please complete the table below to indicate each country you are a tax resident (that is, where you are liable to pay tax) and provide your Taxpayer Identification Number (TIN), such as your US TIN, or equivalent number.

Country of tax residence 1	Country of tax residence 2	Country of tax residence 3	
Country	Country	Country	
TIN or equivalent number (if none, list reason A,B or C)	TIN or equivalent number (if none, list reason A,B or C)	TIN or equivalent number (if none, list reason A,B or C)	
Reason B: The account holder is other	count holder is liable to pay tax does not issue erwise unable to obtain a TIN or equivalent nur of tax residence do not require the TIN or equ	mber.	
Please attach additional pages, sign	ed and dated, if the investor is a tax resident in m	ore than three (3) countries.	
ii) Other account holders			
Is the account holder a tax resident o	f a country?		
	below to indicate where the account holder is our Taxpayer Identification Number (TIN), such	a tax resident (that is, where the account holder is as your US TIN, or equivalent number.	
No, please provide the country	where effective management takes place or w	here the principal office is located.	
Country of tax residence 1	Country of tax residence 2	Country of tax residence 3	
Country	Country	Country	
TIN or equivalent number	TIN or equivalent number	TIN or equivalent number	
(if none, list reason A,B or C)	(if none, list reason A,B or C)	(if none, list reason A,B or C)	

Reason A: The country where the account holder is liable to pay tax does not issue a TIN or equivalent number to its residents.

Reason B: The account holder is otherwise unable to obtain a TIN or equivalent number.

Reason C: Authorities of the country of tax residence do not require the TIN or equivalent number to be disclosed.

 \square Please attach additional pages, signed and dated, if the investor is a tax resident in more than three (3) countries.

	CRS entity classification	
Ple	ease indicate CRS Entity classification by selecting one of the following:	
1)	Financial institution- Investment entity (specify entity type below)	
	An investment entity located in a non- participating jurisdiction and managed by another go to Section 10.d	r financial institution
	Other investment entity [] go to Section 11	
2)	Other financial institution (specify entity type below)	
	Depository institution [] go to Section 11	
	Custodial institution [] go to Section 11	
	Specified insurance company 🛮 go to Section 11	
3)	Financial institution - Non reporting (specify entity type below)	
	Government entity [] go to Section 11	
	International organisation [] go to Section 11	
	Central bank 🛘 go to Section 11	
	Broad participation retirement fund 🛘 go to Section 11	
	Narrow participation retirement fund 🛘 go to Section 11	
	Pension fund of government entity, international organisation or central bank [] go to Sec	tion 11
	Exempt collective investment vehicle [] go to Section 11	
	Trustee - documented trust 🛘 <i>go to Section 11</i>	
	Qualified credit card issuer 🛘 go to Section 11	
	Other (specify entity classification and jurisdiction under which this type of classification is	named)
		go to Section 11
	\square You can only select this option if the entity type is contained within your jurisdiction legislat	tion where you are a resident.
4)	Active non-financial entity (NFE) - a corporation the stock of which is regularly traded on an es go to Section 11	tablished securities market
5)	Active NFE - an entity related to a corporation whose stock is regularly traded on an established go to Section 11	ed securities market
6)	Active NFE - a government entity [] go to Section 11	
7)	Active NFE - an international organisation [] go to Section 11	
8)	Active NFE - other than above (for example, a start-up NFE or a non-profit NFE) [] go to Section	111
9)	Passive NFE [] go to Section 10.d	

d) Identification of controlling persons

A controlling person is the natural person(s) who exercises control over the entity. This will vary depending on the nature of the entity, ownership arrangement and may encompass direct ownership. For example, it includes:

- For a company other than a listed company, any person holding more than 25% of the company's shares
 For a trust, any person exercising ultimate effective control over the trust.

Please complete the table below. Indicate the type of controlling person by using the list provided.

Descrip	tion of types of controlling person					
Туре А	Controlling person of a legal person control by ownership	son	Туре I	Controlling pe - settlor - equi	erson of a legal arrangement (non-trust) valent	
Type B	Controlling person of a legal person control by other means	son	Type J	Controlling person of a legal arrangement (non-tr-trustee - equivalent		ement (non-trust)
Type C	Controlling person of a legal pers - senior managing official	son	Type K	Controlling person of a legal arrangement (non-tru - protector - equivalent		ement (non-trust)
Type D	Controlling person of a trust - set	tlor	Type L	Controlling pe	erson of a legal arrange	ement (non-trust)
Type E	Controlling person - trustee		Туре М	-	erson of a legal arrange	mont (non truct)
Type F	Controlling person of a trust - pro		Type IVI	- other - equiv		intent (non-trust)
Type G	Controlling person of a trust - ber	*				
Туре Н	Controlling person of a trust - oth	er				
Control	ling person 1	Controlling pers	on 2		Controlling person	3
Full give	en names(s)	Full given names	(s)		Full given names(s)	
Surname		Surname		Surname		
Type of	controlling person	Type of controlling person		Type of controlling p	person	
Residential address (cannot be a PO Box) Unit/Street numbers and street name		Residential address (cannot be a PO Box) Unit/Street numbers and street name		Residential address Unit/Street numbers	(cannot be a PO Box) s and street name	
Suburb		Suburb			Suburb	
State	Postcode	 State	Postco	de	 State	Postcode
Country		Country		Country		
Date of	hirth	Date of birth			Date of birth	
Country	of citizenship	Country of citize	nsnip		Country of citizensh	ıh
Country of tax residence		Country of tax residence		Country of tax residence		

Reason A: The country where the controlling person/ owner is liable to pay tax does not issue a TIN or equivalent number to its residents.

TIN (if none, list reason A, B, C).

IF you select B, please explain why

Reason B: The controlling person/owner is otherwise unable to obtain a TIN or equivalent number.

Reason C: Authorities of the country of tax residence do not require the TIN or equivalent number to be disclosed.

TIN (if none, list reason A, B, C).

IF you select B, please explain why

TIN (if none, list reason A, B, C).

IF you select B, please explain why

11. Declaration and signature (must be completed)

I/We declare and agree that;

- All details in the application are true and correct. I/We agree to advise GRES in writing and provide a new declaration (if
 applicable) within 30 days if there are any changes to my/our personal information/circumstances which causes any of the
 information contained in this form to be incorrect, incomplete or which affects my tax residency status;
- I/We have received and read the PDS for the fund dated as shown on page 1 and if applicable the 'Additional Information to the Product Disclosure Statement' (which forms part of the PDS) which this Application Form accompanies and agree to be bound by the provisions of the PDS and the Constitution (as amened from time to time) governing the Fund;
- I/We am/are an individual over 18 years of age, or I am a duly incorporated body;
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application);
- Sole signatories signing on behalf of a company confirm that they are signing as a sole director and sole secretary of the company; and powers and authority under the application trust deed in the case of a superannuation fund.

I/We acknowledge that:

- Neither the Responsible Entity, it's related bodies corporate or associates nor any other person guarantees the repayment of capital or the performance of the Fund or any particular rate of return from the Fund;
- · Unit holdings are subject to investment risks, including loss of income and capital invested and possible delays in payment;
- The Responsible Entity reserves the right to not accept any application in its absolute discretion;
- If my/our application monies are dishonoured, the Responsible Entity will not process my/our application and will notify me/us;
- I/We have read the information on privacy and personal information contained in the PDS and understand that my/our personal information will be used and disclosed as set out in the PDS including for, or in relation to, the subscription for units;
- Application money will be held in a bank account unit invested in the Fund or returned to me/us. Any interest paid on that account will be paid to the Fund and not to the applicant regardless of whether their application is successful;
- Investments in the Fund are not deposits with or other liabilities of the Responsible Entity or related bodies corporate, affiliates, associates or officers of any of the above entities and are subject to investment risks, including possible delays in payment and loss of income and capital invested; and
- If I/we submit my/our Application Form by email, GRES may rely on the emailed Application Form to process and accept my/our
 application.

For each investment in the Fund, if GRES receives instruction by email in relation to my/our investment in the Fund, I/we:

- acknowledge that there is potentially a greater risk that fraudulent instructions can be given by someone who has access to my/our account number and a copy of my/our signature(s) and that I/we accept such risks
- acknowledge that GRES may assume that the instruction has been sent, and is authorised, by or on behalf of me/us, and
- release GRES from, and indemnify GRES against all losses and liabilities arising from any payment or action taken by GRES based on any instruction bearing my/our account number and a signature that purports to be mine/ours or that of an authorised signatory on the account, even if the instructions are no authorised (except to the extent that such losses and liabilities directly arise from the negligence or wilful default of GRES).

I/We understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with the FI setting out how that FI may use and share the information supplied by me.

I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Individual(s)/Sole trader/Partnership/Trustee

Name	
Signature	Date / / / / / / / / / / / / / / / / / / /
Name	
Signature	Date / / / / / / / / / / / / / / / / / / /
For Individual(s)/Sole trader/Partnership/Trustee investors, please indicate who is to sign Any 1 If you do not indicate a choice, GRES will assume any one sign	to sign 2 to sign All to sign gnatory can sign.

Company/Margin lender/Custodian/Incorporated or Unincorporated association/ Registered co-operatives/Government body (at least 2 to sign unless you indicate you are a Sole director/Secretary)

Name and title (eg. Director, Secretary or Sole director/Secretary)	
Signature Date	
Name and title (eg. Director, Secretary or Sole director/Secretary)	
Signature Date	Company seal (if applicable)
12. Additional authorised signatories (including at	torneys/agents) Signature
Name	Signature
Name	Signature
Name	Signature
Name	Signature

Note: Changes to any details in regard to your investment will be required in writing and approved by the authorised signatories.

13. Direct Debit Request



Apex Fund Services Pty Ltd (ACN 118 902 891) Level 10, 12 Shelley Street Sydney NSW 2000 Phone: 02 9247 3326

Request and Authority to debit the account named below to pay

Apex Fund Services Pty Ltd

Request and	Your Surname or company name
Authority to debit	
	Your Given names or ABN/ARBN
	"you"
	request and authorise Apex Fund Services Pty Ltd (Apex) to arrange, through its own financial institution, a debit to <i>your</i> nominated account any amount Apex has deemed payable by <i>you</i> .
	This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> account held at the financial institution <i>you</i> have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Insert the name and address of financial	Financial institution name
institution at which account is held	Address
Insert details of	Name/s on account
account to be	Name/3 on account
debited	BSB number (must be 6 digits)
	202 Hambor (master of digital)
	Account number
Acknowledgement	By <i>signing</i> and/or providing us with a <i>valid instruction</i> in respect to <i>your</i> Direct Debit Request, <i>you</i> have understood and agreed to the terms and conditions governing the debit arrangements between <i>you</i> and Apex as set out in this Request and in <i>your</i> Direct Debit Request Service Agreement.
Payment details	The second secon
	The maximum amount to be debited at any one time is:
	\$
	Amount in words
	or
	The first debit may be made on/ and at
	weekly / fortnightly / monthly / quarterly / half yearly / intervals after that
Insert your signature and address	Signature Date
	(If signing for a company, sign and print full name and capacity for signing eg. director)
	Address

VERIFICATION DOCUMENTS CHECKLIST



You are required to send the completed Application Form and required identification documentation to us by mail or email. If you email your identification documents to us, we may request certified copies of the originals to follow in the mail for our records and your account may not be opened until they have been received.

Please provide certified copies of the identification requested for the appropriate investor type along with your completed Application Form.

Section A Individual/Joint Applicants Minimum identification required. For each Investor please provide:

- a) An original or certified copy of a valid Driver's Licence (Australian Ste or Territory, or Foreign Country equivalent) with photograph; or
- b) An original or certified copy of a passport issued by Australian Commonwealth or expired passport which has not been cancelled and was current within the preceding two years; or
- c) Passport or similar document issued for the purpose of international travel that contains a photograph and signature of the person and is issued by a foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English.

OR

Oit		
d) Bo i)		original or certified copy of a valid primary ID document
		National Identity Card with a photograph and signature issued by Australian Commonwealth, State or Territory; or
		Foreign National Identity Card with a photograph and signature issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator, if not in English; or
		Birth Certificate or birth extract issued by Australian State or Territory; or
		Birth Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
		Citizenship Certificate issued by Commonwealth government; or
		Citizenship Certificate issued by foreign government, UN or UN Agency, with English translation provided by an accredited translator if not in English; or
		Pension card issued by Centrelink;
	ANI	
ii)	an c	riginal or certified copy valid secondary ID document:
		Notice issued to an individual by Centrelink within preceding 12 months which records the provision of financial benefits to an individual and the individual's name and residential address; or
		Notice of a foreign welfare department equivalent within preceding 12 months which records the provision of financial benefits to an individual and the individual's name and residential address; or
		Notice issued to an individual by the ATO relevant foreign Taxation authority within the preceding 12 months which records the name and residential address of the individual; or
		Notice issued to an individual by a local government body or utilities provider; or
		For persons under 18, a notice issued by a school principal within the preceding three months containing the name of the person and their residential address and recording the period of time that the person attended the school.

Section B Regulated Trust	Registered managed investment schemes, regulated trusts and Government Superannuation Fund - Original or certified copies of:
	National Identity Card with a photograph and signature issued by an Australian Commonwealth, State or Territory; or
	A search of the relevant regulator e.g. ASIC, ATO, APRA etc
	AND For Self Managed Superannuation Fund - Original or certified copies of:
	Tor Serr Managed Superamidation Fund - Original of Certified Copies of.
	ATO database search of the trust/superannuation;
	AND
	In respect of the trustees:
	If the trustee is an individual, then ID required as per the individual requirement set out in Section A; or
	If the trustee is a company, then ID required as per the company requirements set out in Section C
Section C	Minimum Identification Required - Original or certified copies of:
Private and Unlisted/ Unlicensed Public Australian Companies	A Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); and
	Where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section A must also be satisfied.
Section D	Australian Registered Foreign Company - Original or certified copies of:
Foreign Listed/Licensed Company (Australian	A Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database,
Registered)	search of the licence or other records of the relevant regulator, other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report) and
	Where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section A must also be satisfied.
Section E	Original or certified copies of:
Listed/Licensed Australian Companies	A search of the relevant ASIC database or relevant stock exchange or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report)
Section F	Australian Registered Foreign Company - Original or certified copies of:
Foreign Private and Unlisted/Unlicensed Public Companies (Australian Registered)	A search of relevant ASIC or other government database, a search of the relevant foreign stock exchange, a search of the licence or other records of the relevant regulator or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); or
	Certificate of Incorporation or recent extract of public company register or document issued by the foreign government (including a registration certificate).
Section G	Unregistered Foreign Company - Original or certified copies of:
Foreign Companies (not registered in Australia)	Foreign registration certificate, Certificate of Incorporation, recent extract of company register; or
	Other appropriate document(s) including a search of the relevant government database, a search of the relevant stock exchange, a search of the licence or other records of the relevant regulator, or other appropriate document(s) including reliable independent electronic data (e.g. Dun & Bradstreet report); and
	Where a beneficial owner has 25% or more of issued capital, the identification requirements set out in Section A must also be satisfied.
Section H	Original or certified copies of:
Other Trust Types	The Trust Deed
	If the Settlor of the Trust has made a material asset contribution of >\$10,000 and is still living, the identification requirements set out in Section A must be satisfied;
	In respect of one of the trusts
	If the trustee is an individual, the ID required as per individual requirements as per Section A; or
	If the trustee is a company the ID required as the company requirements as per Section C. D. F. F. or G.

Section I Deceased Estate	Identification as per Section A for trust, and original or certified copies of: Last Will and Testament of deceased; and
	Death certificate; or Grant of Probate.

Category of acceptable certifier

Certified Copy means a document that has been certified as a true copy of an original document by one of the following persons:

- 1) A person who, under a law in force in a State or Territory, is currently licensed or registered to practice in an occupation listed in Part 1 of Schedule 2 of the Statutory Declarations Regulations 2018;
- 2) A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- 3) A person listed in Part 2 of Schedule 2 of the Statutory Declarations Regulations 2018. For the purposes of these Rules, where Part 2 uses the term '5 or more years of continuous service', this should be read as '2 or more years of continuous service';
- 4) An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees;
- 5) An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees; and
- 6) A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents

The Statutory Declaration Regulations 2018 are accessible through the following website: www.legislation.gov.au.

Annual Financial Reports

Annual / Half Annual Financial Reports are available at our website: https://www.gsfm.com.au/fund-hub/reporting/

FATCA and CRS key definitions

These selected definitions are provided to assist you with the completion of the FATCA and CRS Self Certification forms. They are a summary only. More information can be found at https://www.ato.gov.au/about-ato/international-tax-agreements/indetail/international-arrangements/automatic-exchange-of-information-crs-and-fatca

Active NFE is an NFE that meets any of these criteria:

- a) active by reason of income and assets (less than 50% of the NFE's gross income for the preceding year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- b) publicly listed NFE or related entity;
- $\hbox{c) \ Governmental Entity, International Organisation, Central Bank, or their wholly owned entity;}\\$
- d) holding NFE that is a member of a non-financial group (generally where substantially all of the activities of the NFE consist of holding the shares of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses);
- e) NFE that is not yet operating a business and has no prior operating history, (a start-up NFE) but is investing capital into assets with the intent to operate a business;
- f) NFE that is liquidating or emerging from bankruptcy;
- g) treasury centre that is a member of a nonfinancial group; or
- h) not-for-profit NFE operating exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or a professional organisation, business league, chamber of commerce, labour organisation, or other organisation operated exclusively for the promotion of social welfare.

Entity means a legal person or a legal arrangement, such as a corporation, partnership, trust, or foundation.

Financial Institution means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.

Non-Financial Entity (NFE) means an Entity that is not a Financial Institution. An NFE can be either a Passive NFE or an Active NFE.

Passive NFE means any NFE that is not an Active NFE or an Investment Entity that is not a Participating Jurisdiction Financial Institution.

TIN (including functional equivalent) means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link: https://www.oecd.org/en/topics/taxation.html