

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
Munro Global Growth Fund - Ordinary Class	MUA0002AU	612 854 547	30 Sept 2022

## 1. Investor name and type

-1	N.				Investor
aı	IN	ап	ıe	OI	mvestor

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	<ul> <li>Individual Investors</li> <li>Individual Trustees</li> <li>Directors / Secretaries of Corporates</li> <li>Partners of a partnership</li> </ul>	<ul> <li>Australian public company</li> <li>Australian proprietary company</li> <li>Foreign company</li> <li>Partnership</li> <li>Associations</li> <li>Registered Co-operative</li> <li>Government body</li> </ul>	<ul> <li>Corporate Trustee</li> <li>Self-managed superannuation funds</li> <li>Registered managed investment schemes</li> <li>Unregistered wholesale managed investment schemes</li> <li>Government superannuation funds</li> <li>Other trusts (such as family trusts and charitable trusts)</li> </ul>
ons	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)				
Date of birth City or town of birth	Country o	ما بد: ما ا		
Date of birth City or town of birth	Country o	I DIFUI		
Residential street address (cannot be a PO Box) Unit/Street numbers and street name				
Suburb		State	Postcode	
Phone number Email address				
Tax File Number <sup>1</sup> OR Reason for Exemption				
Non-resident Charity Other (specify)				
Occupation Charty Contents Decliny				
Occupation				
b) Individual 2				
Title Surname				
Given name(s)				
		<b>.</b>		
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				
Only street numbers and street name				
Suburb		State	Postcode	
Phone number Email address				
Tax File Number <sup>1</sup>				
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

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		
3. Company details – All companies, margin lenders, custodians, partners unincorporated associations, registered co-operatives and government bodies		
Ensure Section 2 (individual details) is also completed for 2 office holders such 2 Directors Director and secretary 1 Partner for a partnership	as:	
a) Company information  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 <sup>1</sup> 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 be	OW.	
Title Surname		
Given name(s)	Date of birth	
Residential address (cannot be a PO Box) Unit/Street numbers and street name		
Suburb	State	Postcode
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 be	ow.	
Title Surname		
Given name(s)	Date of birth	
Residential address (cannot be a PO Box) Unit/Street numbers and street name		
Suburb	State	Postcode
		]
Country		
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  → complete (ii)	Proprietary (including corporate trustee If applying on behalf of a trust $\rightarrow$ <b>go to S</b> If not $\rightarrow$ <b>go to Section 5</b>	
Licensed and subject to the regulatory oversight of a commonwealth, state or territory regulator in relation to its activities as a company → complete (iii)	Unlisted public company $\rightarrow$ go to Section	on 5
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 L.I.L.I.L.I.L.I.L.I.L.I.L.I.L.I.L.I.L.I		
Name and address of local agent in Australia Name of agent		
Name of agent		
Unit/Street numbers and street name		
Suburb	State	Postcode
Country		
Country of formation/incorporation/registration		
Registered address in country of formation		
T. Control of the Con		

B) Registered by foreign registration body. Please ensure you complete (A) above if you are also re.  Name of foreign registration body	gistered with	masic.
Registration number		
Country of formation/incorporation/registration		
Registered address in country of formation		
Registered address in country or 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		
Provide the names of all directors.  Full given names(s)  Surname  1)  2)  3)  If there are more directors, provide details on a separate sheet and tick this box.		
<b>4. Trust details</b> – All regulated superannuation funds (including SMSF's), ot managed investment schemes and charities to complete this section.	her unreg	ulated trusts,
Ensure Section 2 (individual details) is also completed for all individual trustees	<b>i.</b>	
a) Trust information		
Name of trust / Superannuation fund		
Business name (if applicable, in full)		
ABN¹ Tax File Number¹		
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.

<sup>1.</sup> 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 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 ightarrow 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 A 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 Date of birth Given name(s) Residential address (cannot be a PO Box) Unit/Street numbers and street name Suburb Postcode State 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
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 det	ails for all cor	nmunications)
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		
	C	D
Suburb	State	Postcode
Phone number 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 copie  Please indicate below your preferred option for correspondence.  Regular mail; or Email  Authorised representative name  Practice name	s <b>will not</b> be sent	:
Mailing address Unit/Street numbers and street name		
Suburb	State	Postcode
Phone number Fax number Fax number		
Email address		
Dealer group name		
AFSI number GRES adviser code		

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
Phone number Fax number				
Email address				
7. Investment details (must be completed)  a) Please specify the investment amount in the table below:				
APII	R Code	Initial a	mount	Monthly investment
Munro Global Growth Fund - Ordinary Class MU	A0002AU	\$		\$
The minimum initial investment amount is \$10,000.  If you participate in a regular monthly investment plan, the minimum initial inv contribution of \$200 per month required.	estment is	s \$5,000 v	vith a minimu	m ongoing monthly
b) What is the purpose of investment? (select all applicable op	tions)			
Savings Growth Income Retirement Business	Account			
Other (specify)				
c) Detail the source of your investment amount (select all appli	cable o	otions)		
Savings Growth Income Retirement Business	Account			
Other (checify)				

d) I	Please specify yo	ur preferred payı	ment method				
	Pay by electronic full If paying by EFT <b>ple</b> following account:		me (or part there of) in	<b>the EFT description</b> and	deposit applic	ation monie	es to the
	Legal entity name: Bank:	GSFM Responsible National Australia B	Entity Services Limited ank				
	Account name				BSB	Account	number
	Munro Global Grow	th Fund Application	Account		082-057	98-412-1	189
	Pay by Direct Debit Please deduct the ir not be issued until c Pay by BPAY Please contact Apex	ard Transfer Form is t mped and attached. (You must also comp nitial investment amo direct debited funds h	lete the Direct Debit Runt from my nominated have been cleared by malling us on 1300 133 45	gned by the authorised stequest Section 13) It bank account shown in my bank, which can take uses to regist	Section 13. I ur	nderstand th ness days.	at units will
8.	Income distri	bution prefer	ence (must be co	ompleted)			
			nt or payment by bank of as additional Units in	deposit of income distrib the Fund.	ution. If a prefe	erence is not	indicated,
						stribution pr	reference Bank deposit
Mur	nro Global Growth Fu	nd - Ordinary Class					

## 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
Name of financial 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) Fo	reign <i>i</i>	Account <sup>*</sup>	Tax	Comp	liance <i>i</i>	Act	(FATCA)
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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 one 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 $\rightarrow$ go to Section 10.b
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 $\rightarrow$ go to Section 10.b
OR
3) Other entity types
Please indicate other entity type by selecting one of the following:
Non-financial proprietary company $\rightarrow$ go to Section 10.a.iii
Partnership $\rightarrow$ go to section 10.a.iii
Charity $\rightarrow$ go to section 10.a.iii
Trust (including testamentary trust) $\rightarrow$ go to section 10.a.iii
Registered co-operation $\rightarrow$ go to section 10.b
Government entity $\rightarrow$ 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, beneficial	owners of corporate truste	es, settlors or bend	eficial owners US citizens	
Yes, please complete below for each p	erson. Attach additi	ional pages if there are mo	re than three.		
$\mathbb{N}_0 \rightarrow go \ to \ Section \ 10.b$					
US Person 1	US Person 2		US Person 3		
Full given names(s) / Company name	Full given names	(s) / Company name	Full given names(s) / Company name		
Surname	Surname		Surname		
US TIN	USTIN		US TIN		
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 (cannot be a PO Box) Unit/Street numbers and street name		
Suburb	Suburb		Suburb		
State Postcode	State	Postcode	State	Postcode	
Country	Country		Country		
b) Common Reporting Standard (C	(RS)				
Tax residency					
<ul><li>i) Individual/Joint account holder(s)</li><li>Is the Account Holder a tax resident in a juri</li></ul>	isdiction other than	Australia?			
		Australia:			
Yes, please complete details in the tab	le below				
$\square$ No, please → <i>go</i> to 10.b.iii					
Individual 1					
Please complete the table below to indicate	e each country you a	are a tax resident (that is, w	here 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 re	esidence 2	Country of tax r	residence 3	
Country	Country		Country		
TIN or equivalent number (if none, list reason A,B or C)	TIN or equivalent (if none, list reaso		TIN or equivalent number (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.

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)
,	ount holder is liable to pay tax does not issue rwise unable to obtain a TIN or equivalent nur	
Reason B: The account holder is other Reason C: Authorities of the country of Please attach additional pages, sign	ount holder is liable to pay tax does not issue rwise unable to obtain a TIN or equivalent nur of tax residence do not require the TIN or equeled and dated, if the investor is a tax resident in a	nber. ivalent number to be disclosed.
Reason B: The account holder is other Reason C: Authorities of the country of	rwise unable to obtain a TIN or equivalent nur of tax residence do not require the TIN or equivalent in the and dated, if the investor is a tax resident in the investor in the investor is a tax resident in the investor in the investor is a tax resident in the investor in the investor in tax resident in the investor in the investor in tax resident in the investor in the investor in tax resident in the investor in the investor in tax resident in the investor in tax resident in tax resi	nber. ivalent number to be disclosed.

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

Country

TIN or equivalent number

(if none, list reason A,B or C)

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

Country

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

TIN or equivalent number

(if none, list reason A,B or C)

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

Country

TIN or equivalent number

(if none, list reason A,B or C)

	CRS entity classification	
Pie	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 financial → go to Section 10.d	institution
	Other investment entity $\rightarrow$ go to Section 11	
2)	Other financial institution (specify entity type below)	
	Depository institution $\rightarrow$ go to Section 11	
	Custodial institution $\rightarrow$ go to Section 11	
	Specified insurance company $\rightarrow$ go to Section 11	
3)	Financial institution - Non reporting (specify entity type below)	
	Government entity → go to Section 11	
	International organisation $\rightarrow$ go to Section 11	
	Central bank $\rightarrow$ go to Section 11	
	Broad participation retirement fund $\rightarrow$ go to Section 11	
	Narrow participation retirement fund $\rightarrow$ go to Section 11	
	Pension fund of government entity, international organisation or central bank $\rightarrow$ go to Section 11	
	Exempt collective investment vehicle $\rightarrow$ go to Section 11	
	Trustee - documented trust → go to Section 11	
	Qualified credit card issuer $\rightarrow$ go to Section 11	
	Other (specify entity classification and jurisdiction under which this type of classification is named)	
		→ go to Section 11
	$\Delta$ You can only select this option if the entity type is contained within your jurisdiction legislation whe	re you are a resident
4)	Active non-financial entity (NFE) - a corporation the stock of which is regularly traded on an established → go to Section 11	securities market
5)	Active NFE - an entity related to a corporation whose stock is regularly traded on an established securit  → go to Section 11	ies market
6)	Active NFE - a government entity $\rightarrow$ go to Section 11	
7)	Active NFE - an international organisation $\rightarrow$ go to Section 11	
8)	Active NFE - other than above (for example, a start-up NFE or a non-profit NFE) $\rightarrow$ <b>go to Section 11</b>	
9)	Passive NFE → <b>go to Section 10.d</b>	

#### 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.

Descript	tion of types of controlling person					
Туре А	Controlling person of a legal person control by ownership	son	Type I	Controlling pe	erson of a legal arrangement (non-trust) valent	
Туре В	Controlling person of a legal person control by other means	son	Type J	Controlling pe	erson of a legal arrangement (non-trust) ivalent	
Type C	- senior managing official		Туре К	Controlling pe	erson of a legal arrangement (non-trust) quivalent	
Type D			Type L		erson of a legal arrangement (non-trust)	
Туре Е				- beneficiary - equivalent		
Type F	Controlling person of a trust - pro	tector	Type M	Controlling person of a legal arrangement (non-trust)		
Type <b>G</b>				- other - equivalent		
Туре Н	Controlling person of a trust - oth	er				
Controll	ing person 1	Controlling per	rson 2		Controlling person 3	
Full give	n names(s)	Full given name	es(s)		Full given names(s)	
Surname Surname		Surname			Surname	
Type of	controlling person	Type of controll	ling person		Type of controlling person	
D = = : =   = ==	tial address (cannot be a BO Boy)	Pasidantial add	l /	la a DO Daw	Pacidential address (cannot be a PO Pe	

Residential address (cannot be a PO Box) Unit/Street numbers and street name		ddress (cannot be a PO Box) umbers and street name		Idress (cannot be a PO Box) Imbers and street name
Suburb	Suburb		Suburb	
State Postcode  Country	State  Country	Postcode	State  Country	Postcode
Date of birth  Country of citizenship	Date of birth Country of citizenship		Date of birth Country of citizenship	
Country of tax residence	Country of tax residence		Country of tax residence	
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			st reason A, B, C). 3, please explain why

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.

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.

### 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  If you do not indicate a choice, GRES will assume any one si	1 to sign 2 to sign All to sign ignatory 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 (if applicable)
12. Additional authorised signatories (in Name	ncluding attorneys/agents)  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 <b>Apex Fund Services Pty Ltd (Apex)</b> to arrange, through its own financial institution, a debit to <i>your</i> nominated account any amount <b>Apex</b> 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)
	Bob Hambot (mast be o digita)
	Account number
Acknowledgement	By <b>signing</b> and/or providing us with a <b>valid instruction</b> in respect to <b>your</b> Direct Debit Request, <b>you</b> have understood and agreed to the terms and conditions governing the debit arrangements between <b>you</b> and <b>Apex</b> as set out in this Request and in <b>your</b> Direct Debit Request Service Agreement.
Payment details	
	The maximum amount to be debited at any one time is:
	\$ L
	Amount in words
	or
	The first debit may be made on/ and at
	weekly / fortnightly / monthly / quarterly / half yearly / intervals after that
	weekly / lottinghtly / monthly / quarterly / han 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

OIL				
d) Bo		riginal 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;		
AND				
ii)	ii) an original 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 Call Manager of Communities Found Control of C
	For Self Managed Superannuation Fund - Original or 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
Section C	If the trustee is a company, then ID required as per the company requirements set out in 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 Registered)	A Certificate of Incorporation, recent registration certificate, search of the relevant ASIC database, 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;
	AND 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, E, 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