

# 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.
- Indicate how much you wish to invest in the Fund in Section 8.
- Send your completed FSC Identity Form (available at [www.gsfm.com.au](http://www.gsfm.com.au)), all additional information and documentation for AML/CTF purposes as detailed on the Identification Form for your investor type.
- Send the original Application Form (faxes and emails are not acceptable).
- Enclose a completed Australian Standard Transfer Form, or arrange payment in Section 8.

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

	APIR Code	ARSN	PDS date
Epoch Global Equity Shareholder Yield (Hedged) Fund	GSF0001AU	130 358 440	30 Sept 2022

## 1. Investor name and type

### a) Name of Investor

Account name

### b) What type of investor are you?

Please tick one box below and complete the relevant sections of the New Investor Application Form and required Identification Form/s.

Investor type		Complete Sections	Identification Form required*
<input type="checkbox"/> Individual and Joint Investors; Sole Trader	A natural person or persons.  A natural Person operating a business under their own name with a registered business name	2, 5 to 13	Form A - Individuals.
<input type="checkbox"/> Companies	A company registered as an Australian public company or an Australian proprietary company, or a foreign company.	2, 3, 5 to 13	For a Company complete the relevant form based on the company type either Form B or C.  All Beneficial Owners named on Form B or C must complete Form A.
<input type="checkbox"/> Trusts	Types of trusts include self-managed superannuation funds, registered managed investment schemes, unregistered wholesale managed investment schemes, government superannuation funds or other trusts (such as family trusts and charitable trusts).	2, 4 to 13	For the Trust complete either Form D or E; and  For an Individual Trustee complete Form A; or  For a Corporate Trustee complete either Form B or C. All Beneficial Owners named on Form D or E must complete Form A.

Investor type		Complete Sections	Identification Form required*
<input type="checkbox"/>	Partnership	A partnership created under a partnership agreement.	2, 3, 5 to 13 For the Partnership please complete Form F.  All Beneficial Owners named on Form F must complete Form A.
<input type="checkbox"/>	Associations	Incorporated associations are associations registered under State or Territory based incorporated association statutes. Unincorporated associations are those of persons who are not registered under an incorporated associations statute and thus do not have the legal capacity to enter into agreements.	2, 3, 5 to 13 For the Association please complete Form G.  All Beneficial Owners named on Form G must complete Form A.
<input type="checkbox"/>	Registered Co-operative	An autonomous association of persons united voluntarily to meet common economic, social and cultural needs and aspirations through a jointly owned and democratically controlled enterprise registered under a registry system maintained by a State or Territory. This investor type can include agricultural businesses such as a dairy co-operative.	2, 3, 5 to 13 For the Registered co-operative please complete Form H.  All Beneficial Owners named on Form H must complete Form A.
<input type="checkbox"/>	Government body	The government of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country.	2, 3, 5 to 13 For a Government body please complete Form I.  All Beneficial Owners named on Form I must complete Form A.

\* Please complete the required Identification Form and provide original certified copies of the identification requested on the Identification Form.

**2. Individual details (to be completed by individual investors, individual trustees, directors/secretaries of corporates and partners of a partnership)**

**a) Individual 1**

Title  Surname

Given name(s)

Residential street address (this cannot be a post office box)  
 Unit no  Street no  Street name

Suburb  State  Postcode

Tax File Number<sup>1</sup>  Or exemption

Is the individual a tax resident in a jurisdiction other than Australia?  
 No  Yes, please complete the Individual CRS Self-Certification Form available at [www.gsfm.com.au](http://www.gsfm.com.au)

Occupation

**b) Individual 2**

Title  Surname

Given name(s)

Date of birth //  City or town of birth  Country of birth

Residential street address (this cannot be a post office box)  
 Unit no  Street no  Street name

Suburb  State  Postcode

Tax File Number<sup>1</sup>  Or exemption

Is the individual a tax resident in a jurisdiction other than Australia?  
 No  Yes, please complete the Individual CRS Self-Certification Form available at [www.gsfm.com.au](http://www.gsfm.com.au)

Occupation

Please attach additional pages if there are more than 2 individual investors.

**3. Company details** (to be completed by company, margin lender, custodian, partnership, incorporated and unincorporated association, registered co-operatives, government bodies)

Also complete details of 2 office holders such as 2 directors or director/secretary or 1 partner for a partnership in Section 2.

Please also complete the CRS Entity Self-Certification Form available at [www.gsfm.com.au](http://www.gsfm.com.au)

Full name

Full registered business name (if applicable) of the partnership

Full street address of registered office (this cannot be a post office box)

Unit no

Street no

Street name




Suburb

State

Postcode

Full street address of principal place of business

Unit no

Street no

Street name




Suburb

State

Postcode

Tax File Number<sup>1</sup>

ABN

Or ACN/ARBN

**4. Trust details**

Please provide details about the trust. Please also complete the CRS Entity Self-Certification Form available at [www.gsfm.com.au](http://www.gsfm.com.au)

Name of trust/Superannuation fund

Business name (if applicable, in full)

ABN<sup>1</sup>

Tax File Number<sup>1</sup>

**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. If exempt please supply supporting documentation.

## 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 provide the name of anyone that is 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 investors 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.

Please mail all correspondence to me; or  Please email all correspondence to me.

Contact name

Postal address (if different to Section 2)

Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone number (business hours)	<input type="text"/>	Phone number (after hours)	<input type="text"/>
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Mobile number	<input type="text"/>	Fax number	<input type="text"/>
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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.

Authorised representative name

Practice name

Mailing address

Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone number	<input type="text"/>	Fax number	<input type="text"/>
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Email address

Dealer group name

AFSL number

GRES adviser code

**c) Other contact details (including attorneys/agents)**

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

Name

Company

Relationship to investor

Mailing address  
 Unit no  Street no  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:**

	APIR Code	Initial amount	Monthly investment
Epoch Global Equity Shareholder Yield (Hedged) Fund	GSF0001AU	\$ <input type="text"/>	\$ <input type="text"/>

The minimum initial investment is \$10,000.  
 If you participate in a regular monthly investment plan a minimum ongoing monthly contribution of \$200 per month is required.

**b) What is the purpose of investment? (select all applicable options)**

Savings
  Growth
  Income
  Retirement
  Business Account

Other (specify)

**c) Detail the source of your investment amount? (select all applicable options)**

Savings
  Growth
  Income
  Retirement
  Business Account

Other (specify)

**d) Please specify your preferred payment method**

Pay by electronic funds transfer (EFT)  
 If paying by EFT **please indicate your name (or part there of) in the EFT description** and deposit application monies to the following account:

**Legal entity name:** GSFM Responsible Entity Services Limited  
**Bank:** National Australia Bank

Account name	BSB	Account number
Epoch Global Equity Shareholder Yield (Hedged) Fund Application Account	082-057	92-937-4247

Australian Standard Transfer Form  
 An Australian Standard Transfer Form is to be completed and signed by the authorised signatories of both the transferor and the transferee, duly stamped and attached.

Pay by Direct Debit (**You must also complete the Direct Debit Request on page 10**)  
 Please deduct the initial investment amount from my nominated bank account shown in Section 10(a). I understand that units will not be issued until direct debited funds have been cleared by my bank, which can take up to three business days.

### 8. Income distribution preference (must be completed)

Please advise your preference for reinvestment or payment by bank deposit of income distribution. If a preference is not indicated, your distribution entitlement will be reinvested as additional Units in the Fund.

	Distribution preference	
	Reinvestment	Bank deposit
Epoch Global Equity Shareholder Yield (Hedged) Fund	<input type="checkbox"/>	<input type="checkbox"/>

### 9. Bank account details (must be completed)

**a) Please nominate the bank account into which you would like withdrawals paid. If you have selected Direct Debit, this is the account we will debit for your investment.**

Account name

(Must be in the name of an investor)

Name of financial institution

(Must be an Australian authorised deposit taking institution)

Branch

BSB  Account number

**b) If you would like distributions paid to a different bank account, please provide details below.**

Account name

(Must be in the name of an investor)

Name of financial institution

(Must be an Australian authorised deposit taking institution)

Branch

BSB  Account number

### 10. Annual financial report

If you elect to receive a copy of a Fund's annual report, we are required by law to provide a copy to you free of charge (which will be sent to your specified email address). If you do not elect to receive a copy, then you may access the Annual Report on our website at [www.gsfm.com.au](http://www.gsfm.com.au).

Please mark if you would like to receive a copy of the Annual Report each year.

I wish to receive a copy of the Annual Report each year

## 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 and self-certification form (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 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 amended 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
- If investing as trustee, on behalf of a superannuation fund or trust, I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the applicable trust deed in the case of a superannuation fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.

I/We acknowledge that:

- Neither the Responsible Entity, its 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 is authorised to apply the TFN or ABN provided above and it will be applied to all future applications for units, including re-investments, unless I/we advise the Responsible Entity otherwise;
- 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 until 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; and
- 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 risk, including possible delays in payment and loss of income and capital invested.

### 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 to sign  2 to sign  All to sign  
If you do not indicate a choice, GRES will assume any one signatory 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)

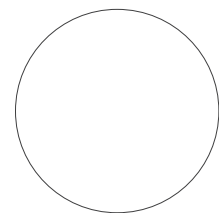
Signature

Date

Name and title (eg. Director, Secretary or Sole director/Secretary)

Signature

Date



Company seal  
(if applicable)



### 12. Additional authorised signatories (including attorneys/agents)

Name	Signature
<input type="text"/>	<input type="text"/>
Name	Signature
<input type="text"/>	<input type="text"/>
Name	Signature
<input type="text"/>	<input type="text"/>
Name	Signature
<input type="text"/>	<input type="text"/>

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

### 13. Adviser AML/CTF identification and verification and other certifications

To be completed and signed by the Adviser identified in Section 6b (if relevant).

a) Investor identification is not attached

I declare that the Adviser set out in Section 6b has completed the AML/CTF identification and verification for this Investor as required by the AML/CTF Act and AML/CTF Rules and I am satisfied that the identity of the Investor is as stated on this Application Form. I have retained a copy of the identification documents obtained and a record of the procedure undertaken to verify the identity of the Investor and I agree to provide a copy of this information upon request to support this declaration.

I declare that the Adviser set out in Section 6b has provided personal financial advice to the investor.

Adviser signature	Adviser stamp
<input type="text"/>	<input type="text"/>

Please send the completed application and required additional documents to

Mainstream Fund Services -  
Unit Registry  
GPO Box 4968  
Sydney NSW 2001

# DIRECT DEBIT REQUEST



**Mainstream Fund Services Pty Ltd**  
 (ACN 118 902 891)  
 Level 1, 51-57 Pitt Street  
 Sydney NSW 2000  
 Phone: 02 9247 3326

Request and Authority to debit the account named below to pay

**Mainstream Fund Services Pty Ltd**

**Request and Authority to debit**

Your Surname or company name

Your Given names or ABN/ARBN

 "you"

request and authorise **Mainstream Fund Services Pty Ltd (Mainstream)** to arrange, through its own financial institution, a debit to *your* nominated account any amount **Mainstream** has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution *you* 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 institution at which account is held**

Financial institution name

Address



**Insert details of account to be debited**

Name/s on account

BSB number (must be 6 digits)

Account number

**Acknowledgement**

By **signing** and/or providing us with a **valid instruction** in respect to *your* Direct Debit Request, *you* have understood and agreed to the terms and conditions governing the debit arrangements between *you* and **Mainstream** as set out in this Request and in *your* Direct Debit Request Service Agreement.

**Payment details**

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