

# 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 Small & Mid Cap Fund - Ordinary Class	GSF0874AU	670 777 885	26 Sept 2024

## 1. Investor name and type

### a) Name 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.

	Individual / Joint Investors / Sole Trader	Companies / Partnerships / Associations / Registered Co-operatives / Government body	Trusts
Select Investor Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sections to be completed	1 <ul style="list-style-type: none"> <li>• Individual Investors</li> <li>• Individual Trustees</li> <li>• Directors / Secretaries of Corporates</li> <li>• Partners of a partnership</li> </ul>	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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>
	2 ✓	✓	✓
	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 trader

Complete the below sections for the indicated individual. Please note that all fields are mandatory.

### a) Individual 1

Title	Surname		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Date of birth	City or town of birth	Country of birth	
<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential street address (cannot be a PO Box)			
Unit/Street numbers and street name			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number	Email address		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		
Tax File Number <sup>1</sup>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
OR Reason for Exemption			
<input type="checkbox"/> Non-resident	<input type="checkbox"/> Charity	<input type="checkbox"/> Other (specify) <input type="text"/>	
Occupation <input type="text"/>			

### b) Individual 2

Title	Surname		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Date of birth	City or town of birth	Country of birth	
<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential street address (cannot be a PO Box)			
Unit/Street numbers and street name			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number	Email address		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		
Tax File Number <sup>1</sup>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
OR Reason for Exemption			
<input type="checkbox"/> Non-resident	<input type="checkbox"/> Charity	<input type="checkbox"/> Other (specify) <input type="text"/>	
Occupation <input type="text"/>			

#### 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****COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER**

Full business name (if any)

ABN<sup>1</sup> (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, partnerships, incorporated and unincorporated associations, registered co-operatives and government bodies to complete this section.****Ensure Section 2 (individual details) is also completed for 2 office holders such as:**

- **2 Directors**
- **Director and secretary**
- **1 Partner for a partnership**

**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>

ABN<sup>1</sup>


Or ACN/ARBN

OR Reason for Exemption

**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.

**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

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

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)**
- ☐ Majority owned subsidiary of a listed public company **complete (ii)**
- ☐ Licensed and subject to the regulatory oversight of a commonwealth, state or territory regulator in relation to its activities as a company **complete (iii)**
- ☐ Foreign company **complete (iv)**
- ☐ Proprietary (including corporate trustees) **complete (v)**  
If applying on behalf of a trust **go to Section 4**  
If not **go to Section 5**
- ☐ Unlisted public company **go to Section 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 

Name and address of local agent in Australia

Name of agent

Unit/Street numbers and street name

Suburb

State

Postcode

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

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)

ABN<sup>1</sup> Tax File Number<sup>1</sup> 

OR Reason for Exemption

Country where trust established (only required if not Australia)

**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.

**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

**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

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 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 (business hours)

Phone number (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

Suburb

State

Postcode

Phone number

Fax number

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.

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:**

	APIR Code	Initial amount	Monthly investment
Munro Global Growth Small & Mid Cap Fund - Ordinary Class	GSF0874AU	\$ <input type="text"/>	\$ <input type="text"/>

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

☐

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 thereof) 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
Munro Global Growth Small & Mid Cap Fund Application Account	082-401	90-601-5081

☐

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 Section 13**)

Please deduct the initial investment amount from my nominated bank account shown in Section 13. 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.

☐

Pay by BPAY

Please contact Apex registry services by calling us on 1300 133 451 or emailing us at [registry@apexgroup.com](mailto:registry@apexgroup.com) to obtain your CRN and the BPAY biller code for the Fund.**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
Munro Global Growth Small & Mid Cap Fund - Ordinary Class	<input type="checkbox"/>	<input type="checkbox"/>

## 9. Nominated Bank Account details (must be completed)

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.**

### a) Payment of redemption proceeds (mandatory)

Account name

Name of financial institution

Branch

BSB

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

### 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

## 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](http://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](http://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 **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?

☐

Yes

☐

No

Once complete **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 **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 **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, trustees, beneficial owners of corporate trustees, settlors or beneficial owners US citizens or residents of the US for tax purposes?

☐ Yes, please complete below for each person. Attach additional pages if there are more than three.

☐ No **go to Section 10.b**

**US Person 1**

Full given names(s) / Company name

Surname

US TIN

Residential address (cannot be a PO Box)  
Unit/Street numbers and street name

Suburb

State

Postcode

Country

**US Person 2**

Full given names(s) / Company name

Surname

US TIN

Residential address (cannot be a PO Box)  
Unit/Street numbers and street name

Suburb

State

Postcode

Country

**US Person 3**

Full given names(s) / Company name

Surname

US TIN

Residential address (cannot be a PO Box)  
Unit/Street numbers and street name

Suburb

State

Postcode

Country

**b) Common Reporting Standard (CRS)**

Tax residency

i) Individual/Joint account holder(s)

Is the Account Holder a tax resident in a jurisdiction other than Australia?

☐ Yes, please complete details in the table below

☐ No, please **go to 10.b.iii**

**Individual 1**

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

TIN or equivalent number  
(if none, list reason A,B or C)
**Country of tax residence 2**

Country

TIN or equivalent number  
(if none, list reason A,B or C)
**Country of tax residence 3**

Country

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.

**Individual 2**

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 <input type="text"/>	Country <input type="text"/>	Country <input type="text"/>
TIN or equivalent number (if none, list reason A,B or C) <input type="text"/>	TIN or equivalent number (if none, list reason A,B or C) <input type="text"/>	TIN or equivalent number (if none, list reason A,B or C) <input type="text"/>

**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.

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

ii) Other account holders

Is the account holder a tax resident of a country?

☐ Yes, please complete the table below to indicate where the account holder is a tax resident (that is, where the account holder is liable to pay tax) and provide your Taxpayer Identification Number (TIN), such as your US TIN, or equivalent number.

☐ No, please provide the country where effective management takes place or where the principal office is located.

Country of tax residence 1	Country of tax residence 2	Country of tax residence 3
Country <input type="text"/>	Country <input type="text"/>	Country <input type="text"/>
TIN or equivalent number (if none, list reason A,B or C) <input type="text"/>	TIN or equivalent number (if none, list reason A,B or C) <input type="text"/>	TIN or equivalent number (if none, list reason A,B or C) <input type="text"/>

**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.

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

## iii) CRS entity classification

Please 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 institution  
☐ **go to Section 10.d**
  - ☐ 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 Section 11**
  - ☐ Exempt collective investment vehicle ☐ **go to Section 11**
  - ☐ Trustee - documented trust ☐ **go to Section 11**
  - ☐ 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**

**You can only select this option if the entity type is contained within your jurisdiction legislation where you are a resident.**
- 4) ☐ Active non-financial entity (NFE) - a corporation the stock of which is regularly traded on an established securities market  
☐ **go to Section 11**
- 5) ☐ Active NFE - an entity related to a corporation whose stock is regularly traded on an established securities market  
☐ **go to Section 11**
- 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 11**
- 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.

**Description of types of controlling person**

<b>Type A</b>	Controlling person of a legal person - <i>control by ownership</i>	<b>Type I</b>	Controlling person of a legal arrangement (non-trust) - <i>settlor - equivalent</i>
<b>Type B</b>	Controlling person of a legal person - <i>control by other means</i>	<b>Type J</b>	Controlling person of a legal arrangement (non-trust) - <i>trustee - equivalent</i>
<b>Type C</b>	Controlling person of a legal person - <i>senior managing official</i>	<b>Type K</b>	Controlling person of a legal arrangement (non-trust) - <i>protector - equivalent</i>
<b>Type D</b>	Controlling person of a trust - <i>settlor</i>	<b>Type L</b>	Controlling person of a legal arrangement (non-trust) - <i>beneficiary - equivalent</i>
<b>Type E</b>	Controlling person - <i>trustee</i>	<b>Type M</b>	Controlling person of a legal arrangement (non-trust) - <i>other - equivalent</i>
<b>Type F</b>	Controlling person of a trust - <i>protector</i>		
<b>Type G</b>	Controlling person of a trust - <i>beneficiary</i>		
<b>Type H</b>	Controlling person of a trust - <i>other</i>		

**Controlling person 1**

Full given names(s)

Surname

Type of controlling person

Residential address (cannot be a PO Box)  
Unit/Street numbers and street name

Suburb

State

Postcode

Country

Date of birth

Country of citizenship

Country of tax residence

TIN (if none, list reason A, B, C).  
IF you select B, please explain why**Controlling person 2**

Full given names(s)

Surname

Type of controlling person

Residential address (cannot be a PO Box)  
Unit/Street numbers and street name

Suburb

State

Postcode

Country

Date of birth

Country of citizenship

Country of tax residence

TIN (if none, list reason A, B, C).  
IF you select B, please explain why**Controlling person 3**

Full given names(s)

Surname

Type of controlling person

Residential address (cannot be a PO Box)  
Unit/Street numbers and street name

Suburb

State

Postcode

Country

Date of birth

Country of citizenship

Country of tax residence

TIN (if none, list reason A, B, C).  
IF you select B, 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 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 powers and authority under the application trust deed in the case of a superannuation fund.

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 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 not 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 to sign

☐

2 to sign

☐

All to sign

If you do not indicate a choice, GRES will assume any one signatory can sign.

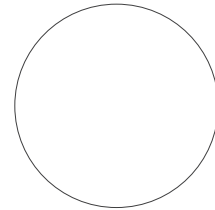
**Company/Margin lender/Custodian/Incorporated or Unincorporated association/  
Registered co-operatives/Government body  
(at least 2 to sign unless you indicate you are a Sole director/Secretary)**

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

Signature

Date

/
/



Company seal  
(if applicable)

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

Signature

Date

/
/


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

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  
Authority to debit

Your Surname or company name

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 *your* nominated account any amount **Apex** 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 **Apex** 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

# 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 State 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**

d) Both:

- i) an 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;

**AND**

- 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.

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

**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](http://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/in-detail/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;
- 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>