

## How to Invest - INDIVIDUAL INVESTORS

To invest in the Gyrostat Capital Stability Fund (Fund) you will need to complete and sign the attached Application Form.

- Supply of a Tax File Number (TFN) is discretionary. It is not an offence if you decide not to supply your TFN. If you do not supply your TFN, however, tax will be deducted from your income earned at the highest marginal tax rate (plus Medicare levy) and forwarded to the Australian Taxation Office. These deductions will appear on your statements. A form is attached for your convenience.
- Joint applications must be signed by all applicants - each applicant will be required to complete both Parts A and B and additional pages should be printed for this purpose. Joint investments will be deemed to be held as Joint Tenants.
- Applications under Power of Attorney must be accompanied by a certified copy or the original of the Power of Attorney with specimen signatures.

The minimum initial investment in the Fund is \$50,000. The trustee of the Fund, Gyrostat Capital Management Pty Ltd (ACN 138 219 002) AFSL 452917 (Gyrostat, Trustee, We or Us) may vary the minimum investment amount from time to time.

An investment in the Fund is only open to wholesale clients for the purposes of the Corporations Act.

An investor is a wholesale client for the purposes of the Corporations Act, where any one of the following applies:

- the investor's investment is \$500,000 or more;
- the investor provides an accountant's certificate stating that the investor has net assets of at least \$2.5 million or has gross income of at least \$250,000 in each of the last two financial years;
- the investor is a "professional investor" (including those that hold an Australian Financial Services Licence (AFSL), are APRA regulated or have at least \$10 million worth of assets); or
- Gyrostat is satisfied on reasonable grounds that the investor has suitable previous experience in financial products, subject to certain conditions.

Please refer to the Application Form for the type of written evidence that we will require to accept your investment as a wholesale client.

### Completed application forms should be sent to:

Gyrostat Capital Management Pty Ltd

**Address** PO Box 7136, Melbourne 3004  
**Telephone** 03 9041 0970  
**Fax** 03 9041 0971  
**Email Address** applications@gyrostat.com.au

### You may pay your application money by electronic transfer or cheque to:

**Account Name** One Managed Investment Funds Limited ACF Gyrostat Capital Stability Fund Subscriptions Account  
**Bank** St George  
**BSB** 332-127  
**Account number** 554 334 328

This Application Form is for Individual Investors only - if you are investing on behalf of a Trust or if you are investing through a Corporate Entity, please contact our office for the relevant Application Form or download the appropriate form at [www.gyrostat.com.au](http://www.gyrostat.com.au)

## Examples of correct names and required signatures

INDIVIDUAL INVESTOR	CORRECT NAME	INCORRECT NAME	SIGNATURE REQUIRED
<b>Individual/ Joint Investors</b> <ul style="list-style-type: none"> <li>use full name of each applicant, do not use initials</li> </ul>	Alexander John Smith Laura Sue Barden	Alex Smith Laura S Barden	<ul style="list-style-type: none"> <li>signature of each applicant</li> </ul>
<b>Individual as Trustee on behalf of a Minor - DO NOT USE THIS FORM - USE TRUSTS APPLICATION FORM</b>			
<b>Individual as Trustee of a Family Trust or Super Fund - DO NOT USE THIS FORM - USE TRUSTS APPLICATION FORM</b>			
<b>Deceased Estates</b> <ul style="list-style-type: none"> <li>use executor(s) personal names, do not use name of the deceased</li> </ul>	John Smith <Est Jane Smith A/c>	Estate of the Late Jane Smith	<ul style="list-style-type: none"> <li>signature of the executor(s)</li> </ul>

### PLEASE CERTIFY WHETHER OR NOT YOU ARE A POLITICALLY EXPOSED PERSON (PEP).

You are a PEP if you hold a prominent public position or function in a government body or international organisation or you are an immediate family member or close associate of a PEP. A PEP is not disqualified from investing but we are required to collect additional information from you as part of the application process. Please certify that you are a PEP if you:

- Hold a prominent public position or function in a government body or an international organisation including:**
  - Head of State or head of a country or government or are a Senior Government official;
  - Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a Court of equivalent seniority in a foreign country or international organisation;
  - Senior foreign representative, ambassador, or high commissioner;
  - High-ranking member of the armed forces;
  - Board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation;
- Have an immediate family member or a close associate that is a person referred to in the first bullet point including:**
  - A spouse or de facto partner;
  - A child or child's spouse or de facto partner;
  - A parent; or
  - Any individual who is known (having regard to public or readily available information) to have Joint Beneficial Ownership of a legal entity or legal arrangement with a person referred to in the first bullet point, or Sole Beneficial Ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in the first bullet point

I am NOT a PEP

I am a PEP

## Application Form

This application form relates to the Information Memorandum dated 18 August 2015 (IM) issued by Gyrostat Capital Management Pty Ltd (ACN 138 219 002) AFSL 452917. Please read the IM in full before completing this Application Form. Unless otherwise specified, terms defined in the IM have the same meaning in this Application Form.

PLEASE COMPLETE IN BLOCK LETTERS

## Part A – Investor & Investment Details

Please provide the name of the holding (in the format that you want to appear on the Register of unit holders)

INVESTOR- FULL NAME

Contact Details (if different to Investor)

FULL GIVEN NAME(S)

SURNAME

Address of the Investor (PO Box is NOT acceptable)

STREET

SUBURB

STATE

POSTCODE

COUNTRY

TELEPHONE

FACSIMILE

EMAIL

Preferred Postal Address (if different from above)

Investment Details

\$ AMOUNT (\$AUD)

Please note the minimum initial investment amount is \$50,000.00.

Payment Details

Please tick  the box to advise how your payment will be made:

Cheque – Please make payable to **One Managed Investment Funds Limited ACF Gyrostat Capital Stability Fund Subscriptions Account**

Electronic Funds Transfer (EFT) to

<b>Account Name</b>	One Managed Investment Funds Limited ACF Gyrostat Capital Stability Fund Subscriptions Account
<b>Bank</b>	St George
<b>BSB</b>	332-127
<b>Account Number</b>	554 334 328

Taxation Details

Are you a resident of Australia for taxation purposes? (Select  one of the following options)

Yes - please complete the below

No – please provide country of residence:

Tax File Number (TFN)

XXXXXXXXXX

Exemption Number:

XXXXXXXXXX

**Please note:** You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN and unless you claim a TFN exemption, the Responsible Entity will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the ABN and signing this Application Form, you declare that this investment is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act 1988 (Cth).

### Distributions and withdrawal proceeds

#### Your distribution preference

Distributions can either be reinvested in the fund or paid to you via EFT. Please indicate your preference.

Reinvest in the Fund; OR

Paid out via EFT

Irrespective of your distribution preference, please fill in your bank details below.

#### Your distribution preference

By completing this section you confirm that any distributions and withdrawal proceeds sent by EFT to a designated bank account are sent at your risk insofar as the onus to provide bank account details rests solely on you.

Please pay distributions and withdrawal proceeds to the following bank account:

ACCOUNT NAME	BRANCH NAME		
BSB	ACCOUNT NUMBER	BANK	

## Part B – Investor Identification Details

### Guide to completing this form

Complete one form for each individual. Complete all sections of this form in BLOCK LETTERS.

Please contact Gyrostat Capital Management Pty Ltd if you have any queries.

You must provide 1 x Primary ID Document or 2 x Secondary ID Document to verify your identity. See section B.1b for details.

### Section B.1a – Verification Procedure (Applicant to Provide to Gyrostat)

#### Important

Gyrostat to verify from the following document provided by the applicant:

The individual's full name;  
and EITHER their date of birth or residential address.

Documentation provided by applicant for customer identification purposes must either be an original or a certified copy. Any original copies must be sighted by Gyrostat staff and photocopied for record keeping purposes. Any certified copy must be sighted by Gyrostat staff and attached to the application or photocopied for record keeping purposes.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

#### Part I - Acceptable Primary ID Documents

Select ONE valid option, with a cross, from this section only

Australian State or Territory or equivalent foreign vehicle driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding 2 years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

Foreign passport or similar travel document containing a photograph and the signature of the person\*

National identity card

OR

PART II - Acceptable Secondary ID Documents - should only be completed if the individual does not own a document from Part I

Select ONE valid option, with a cross, from this section only

- Australian birth certificate
- Australian citizenship certificate
- Foreign birth certificate

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

### Section B.1b – Certified Copy of an Original Document (Office Use Only)

**Certified copy** means a document that has been certified as a true copy of an original document.

**Certified extract** means an extract that has been certified as a true copy of some of the information contained in a complete original document by one of the persons described in the sub-paragraphs below.

**People who can certify documents or extracts are:**

- a person who, under a law in force in a State or Territory, is currently licensed or registered to practise in an occupation listed in Part 1 of Schedule 2 of the Statutory Declarations Regulations 1993;
- 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);
- a person listed in Part 2 of Schedule 2 of the Statutory Declarations Regulations 1993. 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';
- 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;
- 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.

**The eligible certifier must include the following information:**

- Their full name
- Address
- Telephone number
- The date of certifying
- Capacity in which they are eligible to certify, and
- An official stamp/seal if applicable

The certified copy must include the statement, **"I certify this is a true copy of the original document"**.

For photographic documents, the certified copy must include the statement, **"I certify this is a true copy of the original document and the photograph is a true likeness"**.

**Documents that are written in a language that is not English** must be accompanied by an English translation prepared by an accredited translator.

## Part C – Declaration And Signature

### Privacy Collection Notice

The Trustee will collect personal information relating to you in its capacity as trustee of the Fund. Such information may be disclosed by the Trustee to the Manager or may be collected directly from you by the Manager.

To assist the Manager to act as the investment manager of the Fund, personal information relating to you may also be disclosed by the Manager to the Trustee (or vice versa) or by any party that acts as the administrator of the Fund from time to time.

The Manager collects personal information to assist it to act as the investment manager of the Fund.

The Trustee collects personal information so that it can process and administer your application for investment in the Fund, manage and administer any investment you subsequently make in the Fund and otherwise perform its duties as trustee of the Fund.

If you do not provide the personal information requested in this Application Form or provide incomplete or inaccurate information, the Trustee may not be able to accept or process your application for investment in the Fund or may be limited in the services the Manager and/or the Trustee can provide with respect to the administration of any investment you subsequently make in the Fund.

The Manager privacy policy sets out details of how the Manager will collect, store, manage, use and disclose personal information it collects from you. The Manager privacy policy is available at [www.gyrostat.com.au/governance](http://www.gyrostat.com.au/governance).

The Trustee privacy policy sets out details of how the Trustee will collect, store, manage, use and disclose personal information it collects from you. The Trustee privacy policy is available at [www.gyrostat.com.au/governance](http://www.gyrostat.com.au/governance).

The Manager privacy policy and the Trustee privacy policy also contain information about how you can access and seek correction of the personal information held by the Manager and the Trustee (as applicable), how you can complain to the Manager or the Trustee (as applicable) about a breach of the Privacy Act or any registered code under the Privacy Act that binds the Manager or the Trustee and how the Manager or the Trustee (as applicable) will respond to and deal with such a complaint.

The Manager or the Trustee may be required or authorised by law to collect certain personal information from you and/or disclose your personal information. For example, the Manager and the Trustee are required to collect and disclose certain information in order to comply with the identification and verification requirements imposed under the Anti-Money Laundering and Counter Terrorism Financing Act.

The Manager will disclose your personal information to the Trustee or any other party that acts as the trustee of the Fund from time to time.

The Trustee will disclose your personal information to any other party appointed to act as administrator of the Fund from time to time. The Trustee may also disclose your personal information organisations involved in providing services to the Trustee, including registry or identity verification service providers.

By signing and/or submitting this Application Form to the Manager, you consent to all such disclosures by the Manager or the Trustee.

Some of the recipients to whom the Manager or the Trustee discloses your personal information may be based overseas.

### For queries or information regarding privacy matters please contact:

Gyrostat Capital Management Pty Ltd ACN 138 219 002

**Privacy Officer** Shelley Racine  
**By telephone** 9041 0970  
**By letter** Suite 402, 566 St Kilda Road or PO Box 7136 Melbourne, VIC, 3004  
Melbourne, VIC, 3004  
**By email** [shelley.racine@gyrostat.com.au](mailto:shelley.racine@gyrostat.com.au)

### Declaration

#### I/we declare and agree that:

- All details in this application are true and correct;
- I/we have received and have read, or have had the opportunity to read, the Information Memorandum for the Fund (IM);
- I/we have read the Privacy Collection Notice and agree to be bound by the terms of that notice;
- 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);

**I/we acknowledge that:**

- Neither the Trustee, Manager, their 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 principal invested and possible delays in repayment;
- The Trustee is authorised to apply the TFN or ABN provided and it will be applied to all future applications for Units, unless I/we advise the Trustee otherwise;
- The Trustee in consultation with the Manager reserves the right to not accept any application in its absolute discretion;
- If my/our application is incomplete or monies are dishonoured, the Trustee will not process my/our application and will notify me/us.
- I acknowledge that a completed application comprises a valid Application Form, Investor Identification Documentation and cleared Funds in the Trustee's Bank Account; and
- I/we have read the information on privacy and personal information contained in the IM and consent to my/our personal information being used and disclosed as set out in the IM and in accordance with the Trustee's privacy policy including for, or in relation to, the subscription for Units.

**I/we warrant that:**

- I/we will comply and will continue to comply with applicable anti-money laundering and counter-terrorism financing laws and regulations, including but not limited to the law and regulations of Australia in force from time to time (AML/CTF Law);
- I/we am/are not aware and have no reason to suspect that the moneys used to fund my/our investment have been or will be derived from or related to any money laundering, terrorism financing or similar activities illegal under applicable laws or regulations ('illegal activity');
- or that the proceeds of my/our investment in a Fund will be used to finance any illegal activities;
- I/we will provide the Manager and Trustee with all additional information and assistance they may request in order for them to comply with any AML/CTF Law; and
- I/we am/are not a 'politically exposed' person or organisation for the purposes of any AML/CTF Law

**Account operating instructions (if no selection is made, all individuals to sign will be assumed)**

Any individual to sign

Any two individuals to sign

All individuals to sign

Other (please specify):

SIGNATURE	NAME AND TITLE (BLOCK LETTERS PLEASE)	PHONE	DATE
SIGNATURE	NAME AND TITLE (BLOCK LETTERS PLEASE)	PHONE	DATE
SIGNATURE	NAME AND TITLE (BLOCK LETTERS PLEASE)	PHONE	DATE
SIGNATURE	NAME AND TITLE (BLOCK LETTERS PLEASE)	PHONE	DATE

**INVESTOR APPROVAL (Office Use Only)**

Please ensure that all items on this checklist have been complete prior to approving the investor:

	The investor has completed the Application Form in full.
	All relevant AML/CTF identification information and verification information has been collected from the investor.
	The Application Form has been signed and dated.
	The Application Money has been received.

DATE APPLICATION APPROVED (DD/MM/YYYY)

STAFF NAME

SIGNATURE

INVESTOR ID NUMBER ASSIGNED TO INVESTOR