

How to Invest - INDIVIDUAL OR COMPANY INVESTING AS TRUSTEE

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. 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 9171
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 Individuals or Companies investing as Trustee of a Trust. The Trust may be a Super Fund, a Family Trust, on behalf of a minor or any other type of Trust.

- Individual Trustees must complete Parts A and B.1 and provide the information required in Part B.1
- Corporate Trustees must complete Parts A and B.2
- BOTH Individual and Corporate Trustees must complete the details of the Trust in Part B.3

If you are investing as a non-Trustee, please contact our office for the relevant Application Form or download the appropriate form at www.gyrostat.com.au

Examples of correct names and required signatures

TYPE OF INVESTOR	CORRECT NAME	INCORRECT NAME	SIGNATURE REQUIRED
Individual(s) as Trustee <ul style="list-style-type: none"> use full name of individual trustee and the name of the trust or the minor as designation 	Alexander John Smith ATF Smith Family Trust Alexander John Smith ATF Joel Smith	Alex Smith Smith Family Trust Joel Smith	<ul style="list-style-type: none"> signature of each individual trustee
Company as Trustee <ul style="list-style-type: none"> use full company title and the name of the trust as designation 	ABC Pty Ltd ATF Smith Super Fund	ABC P/L, ABC Co, Smith Super Fund	<ul style="list-style-type: none"> by two directors, or by a director and a secretary, or if there is only one director by that sole director

PLEASE CERTIFY WHETHER OR NOT THE APPLICANT, OR A BENEFICIAL OWNER OF THE APPLICANT IS A POLITICALLY EXPOSED PERSON (PEP).

A PEP is an individual that holds a prominent public position or function in a government body or international organisation or is 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 as part of the application process. Please certify that the applicant is a PEP if they, or a beneficial owner of the applicant:

- **Hold a prominent public position or function in a government body or an international organisation including:**
 - o Head of State or head of a country or government or are a Senior Government official;
 - o 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;
 - o Senior foreign representative, ambassador, or high commissioner;
 - o High-ranking member of the armed forces;
 - o 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:**
 - o A spouse or de facto partner;
 - o A child or child's spouse or de facto partner;
 - o A parent; or
 - o 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

☐ The applicant is NOT a PEP

☐ The applicant is 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 Contact & Investment Details

Please provide the full name of the Trust (eg Alexander John Smith ATF Smith Family Trust)

FULL NAME OF TRUST

ACN OR ABN (if applicable)

Address details of Individual Trustee/Registered Office of Corporate Trustee (PO Box is NOT acceptable)

STREET

SUBURBSTATEPOSTCODECOUNTRY

TELEPHONEFACSIMILEEMAIL

Postal Address (if different to 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:

<input type="checkbox"/>	Cheque – Please make payable to	One Managed Investment Funds Limited ACF Gyrostat Capital Stability Fund Subscriptions Account	
<input type="checkbox"/>	Electronic Funds Transfer (EFT) 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

Taxation Details

Is the Trust a resident of Australia for taxation purposes? (Select ☒ one of the following options)

<input type="checkbox"/>	Yes - please complete the below	<input type="checkbox"/>	No – please provide country of residence:	
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Tax File Number of the Trust (TFN)	<div></div>	Exemption Number:	<div></div>
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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 Trustee. Complete all sections of this form in BLOCK LETTERS. Please contact Gyrostat Capital Management Pty Ltd if you have any queries.

Section B.1a – Verification Procedure Individual Trustees

Important

Gyrostat to verify from the following document provided by the applicant, for each individual trustee:

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.

Applicant to Provide to Gyrostat (for each individual trustee)

Part I - Acceptable Primary ID Documents

Select ONE valid option 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 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.

Section B.2a – Corporate Trustees to Complete

Guide to completing this form

Complete all sections of this form in BLOCK LETTERS. Please contact Gyrostat Capital Management Pty Ltd if you have any queries.

1.1 Regulatory/Listing Details - If applicable

(select X of the following categories that apply to the Company and provide the information requested)

☐ Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)

REGULATOR NAME

LICENCE NUMBER

☐ Listed Company

NAME OF MARKET/EXCHANGE

☐ Majority-owned subsidiary of an Australian Listed Company

AUSTRALIAN LISTED COMPANY NAME

NAME OF MARKET/EXCHANGE

☐ Foreign Company - Foreign Companies will be required to provide additional information, we will advise you of details

1.2 Companies

☐ If you are a public company GO TO SECTION C SIGNATURE AND DECLARATION

☐ All other types of companies COMPLETE SECTIONS 1.3 AND 1.4 BELOW

1.3 Directors

How many directors are there?

Provide full name of each director below

FULL GIVEN NAME(S)

SURNAME

FULL GIVEN NAME(S)

SURNAME

FULL GIVEN NAME(S)

SURNAME

FULL GIVEN NAME(S)

SURNAME

If there are more directors, provide details on a separate sheet of paper and attach it to your application form.

1.4 Shareholders

Provide details of ALL individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Shareholder 1

FULL GIVEN NAME(S)		SURNAME	
Address details (PO Box is NOT acceptable)			
STREET			
SUBURB	STATE	POSTCODE	COUNTRY

Shareholder 2

FULL GIVEN NAME(S)		SURNAME	
Address details (PO Box is NOT acceptable)			
STREET			
SUBURB	STATE	POSTCODE	COUNTRY

Shareholder 3

FULL GIVEN NAME(S)		SURNAME	
Address details (PO Box is NOT acceptable)			
STREET			
SUBURB	STATE	POSTCODE	COUNTRY

Shareholder 4

FULL GIVEN NAME(S)		SURNAME	
Address details (PO Box is NOT acceptable)			
STREET			
SUBURB	STATE	POSTCODE	COUNTRY

Section B.2b – Record of Verification Procedure (Office Use Only)

Part I – Australian Companies

Gyrostat must verify the following information from a search of the ASIC Register.	
	Full name of company as registered by ASIC
	Whether the company is registered as a proprietary or public company
	ACN issued to company

Part II – Foreign Companies

Foreign companies will be requested to provide additional information

Part B.3a – Identification of the Trust

1.1 General information

COUNTRY IN WHICH TRUST WAS ESTABLISHED

NATURE AND ACTIVITIES OF THE TRUST

1.2 Regulatory/Listing Details

☐ Registered managed investment scheme (registered by ASIC)

☐ Unregistered managed investment scheme which only has wholesale clients and does not make small scale offerings under section 1012E of the Corporations Act 2001

☐ Regulated trust (e.g. an SMSF, Super Trust)

NAME OF REGULATOR (E.G. ASIC, APRA, ATO)

TRUST'S ABN OR REGISTRATION / LICENSING DETAILS

☐ Government superannuation fund

NAME LEGISLATION ESTABLISHING THE FUND

☐ Other trust type (e.g. Family, unit, charitable, estate) - further information to be provided below

TRUST DESCRIPTION (E.G. UNREGISTERED, FIXED, FAMILY, UNIT)

Important

For "other" trust type please complete the following additional section 1.3 and provide the following documentation:

- Certified copy of the trust deed; or
- Notice of assessment or certified copy 1 of assessment issued by the ATO in the last 12 months

1.3 Beneficiary Details (only complete if 'Other' trust type is selected in section 1.2 above)

Do NOT complete if the trust is a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund.

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

☐ **Yes** Provide details of the membership class/es (e.g. unit holders, family members, charitable purpose)

NAME OF REGULATOR (E.G. ASIC, APRA, ATO)

☐ **No** How many beneficiaries are there?

Provide full name of each beneficiary below

FULL GIVEN NAME(S)	SURNAME
FULL GIVEN NAME(S)	SURNAME
FULL GIVEN NAME(S)	SURNAME
FULL GIVEN NAME(S)	SURNAME

If there are more beneficiaries, provide list details below or provide details on a separate sheet of paper and attach it to your application form.

Section B.3b – Trust Verification Procedure (Office Use Only)

For a registered managed investment scheme, regulated trust or government super fund verify:

The full name of trust

That the trust is a registered managed investment scheme, regulated trust or government super fund

Australian Companies

Verification options (select ONE of the following options used to verify the Trust)

<input type="checkbox"/>	Perform a search of the ASIC, ATO or relevant regulator database
<input type="checkbox"/>	An original or relevant extract of the legislation establishing the government super fund from the website

If 'Other trust type' is selected in section 1.2, verify:

The full name of trust

Verification options (select ONE of the following options used to verify the Trust)

<input type="checkbox"/>	A notice issued by the ATO within the last 12 months. Block out TFN before copying this document.
<input type="checkbox"/>	A letter from a solicitor or qualified accountant that confirms the name of the trust.
<input type="checkbox"/>	An original or certified copy extract of the trust deed.

Section B.3c – Record of Verification Procedure (Office Use Only)

Important

Attach a legible copy of the ID documentation used to verify the Trust.

ID Document Details

VERIFIED FROM

☐

Performed search

☐

Original

☐

Certified Copy

DOCUMENT ISSUER/WEBSITE

ISSUE DATE/SEARCH DATE

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.

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.

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

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);
- If signing on behalf of a company as a sole signatory, that I am signing as a sole director and sole secretary of the company; and
- If investing as trustee, on behalf of a superannuation fund or trust, 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 (Superannuation) Act 1993.

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