

4. Insurance Cover

Do you require insurance cover?

Yes

No

If YES complete an Insurance Application form (see Form No: 660 - 4), which is available by contacting the Administrator or accessing the Administrator's website.

5. Contribution payment details:

Make cheque payable to the Custodian and cross it "Not Negotiable".

■ GPML Balanced Growth make cheques payable to:
"Australian Executor Trustees Limited – GPMSF Series 2"

■ GPML Capital Stable make cheques payable to:
"Australian Executor Trustees (NSW) Limited – GPML Capital Stable"

Send cheques to the:

Grosvenor Pirie Management Limited
GPO Box 263
SYDNEY NSW 2001

Deposit into the Fund's bank account:

National Australia Bank
Australian Executor Trustees Limited – GPMSF 2
BSB : 082-282 A/C: 65-093-1464

6. Investment details

Please direct the Trustee, by indicating below, the investment option in which to make any transfers from other institutions and/or contribution.

Investment Option name:	Reference No.:	Percentage:
GPML Balanced Growth Investment Option	151	<input type="text"/> %
GPML Capital Stable Investment Option	154	<input type="text"/> %
Total		100 %

Please note: If you do not indicate above your choice of investment options, any rollovers or contributions received by the Fund on your behalf will automatically be invested in the default option (known as the GPML Balanced Growth Investment Option).

7. Tax File Number notification:

(TFN)

The Trustee is authorised to collect TFNs under government legislation. The lawful purpose for which a Member's TFN can be used and the consequences for not quoting their TFN may change in the future, as a result of legislative changes. You are not obliged to provide your TFN but should you elect to do so you should refer to the PDS which sets out details of how the Trustee is authorised to use your TFN.

My TFN is:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

I agree for the Fund to use my Tax File Number for Superannuation purposes.

X

Signature of Member

X

Date

8. Declaration

I have received the Product Disclosure Statement dated 1st February 2010 and any Supplementary PDS that may have been issued ("PDS" either as a printed document, an electronic document or a paper printout of the electronic document and this application was accompanied by, or attached to, the PDS at the same time as I received this Application Form.

I have read and understood the PDS including information in the PDS about tax file numbers and privacy and understand that by completing and returning the relevant forms, I agree to the Trustee or any of their subsidiaries or appointed service providers using and disclosing my personal information as set out in the privacy policy or as otherwise permitted by law.

I acknowledge that neither Trustee nor any of their subsidiaries nor their respective officers guarantees any particular rate of return, the capital invested or the repayment of capital and that investment returns may be positive or negative.

I undertake to observe and be bound by the provisions of the Trust Deed dated 2nd December 2003 (as amended from time to time).

I confirm that I am able to contribute to a superannuation fund under current legislative requirements. I agree that any contributions made in contravention of these rules may not be able to be retained by the Fund and may be rejected or refunded (as soon as practicable) without interest or after adjustment for any permissible investment fluctuations, reasonable costs and insurance premiums for cover provided prior to the refund.

I understand that the Trustee cannot provide me with advice that takes into account my personal circumstances and that if I require such advice I should consult an appropriately qualified financial adviser.

I declare that I have fully read this form and the information completed is true and correct.

X

Signature of Member

X

Date

Please return completed form to Grosvenor Pirie Management Limited, GPO Box 263, Sydney NSW 2001
Free Call : 1300 366 657 Facsimile : (02) 8354 4900 E-Mail : info@gpml.com.au