

All Registry communications to: MUFG Corporate Markets (AU) Limited A division of MUFG Pension & Market Services Unitholder Services Locked Bag 5038 Parramatta NSW 2124

Website: https://www.mpms.mufg.com/

Α	TRANSFEROR (SELL	ER) DETAILS
Fund or Trust in which investment is he	eld (MUST BE COMPLETED)	
		Security Reference / Unitholder / Portfolio Number
verification process may include contact		er and the authorisation to transfer will be subject to verification. This carried out to the satisfaction of the Issuer or Responsible Entity, the n.
Registered Account Name ((in full)	
Registered Address for the	Account	
_	Street Name	
Suburb		State Postcode
Gubuib		State FUSICULE
Country		College des tiers Disease Number
Country		Sellers day time Phone Number
В	TRANSFEREE (BUY	FR) DETAILS
Please tick one of the following: Inc. Investor 1 (Individual, Sole 7 Title Mr Mrs Miss Ms C	Trader, Directors, Trustees)	nuation Company Trust
Sumame	Other	
Surname	outer	
	Juliei	Date of Birth
	Julie:	Date of Birth
Given Name(s)	Juliei	Date of Birth
Given Name(s) Residential Address		Date of Birth
Given Name(s) Residential Address Unit No. Street No.	Street Name	Date of Birth / / State Postcode
Given Name(s) Residential Address Unit No. Street No. S Suburb		
Given Name(s) Residential Address Unit No. Street No. S Suburb		
Given Name(s) Residential Address Unit No. Street No. S Suburb		
Given Name(s) Residential Address Unit No. Street No. Suburb Country		
Given Name(s) Residential Address Unit No. Street No. Suburb Country	Street Name	State Postcode
Given Name(s) Residential Address Unit No. Street No. Suburb Country Home Number Email	Street Name	State Postcode Mobile
Given Name(s) Residential Address Unit No. Street No. Suburb Country Home Number	Street Name	State Postcode
Given Name(s) Residential Address Unit No. Street No. Suburb Country Home Number	Street Name	State Postcode Mobile

Investor 2 (Individual, Sole Trader, Directors, Trustees) Title	
Mr Mrs Miss Ms Other	
Surname	
Given Name(s)	Date of Birth
Residential Address	, ,
Unit No. Street No. Street Name	
Suburb	State Postcode
Country	
Home Number Work Number	Mobile
L	Fax Number
Company / Partnership	
Full name of Company / Partnership	
ABN / ARBN / ARSN Tax File Number or Exempti	ion Code
Registered Address (no PO.Box)	
Unit No. Street No. Street Name	
Suburb	State Postcode
Suburb	State Postcode
Suburb Country	State Postcode
	State Postcode
	State Postcode Mobile
Country	
Country Home Number Work Number	Mobile
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BANK ACCOUNT DETAILS - TRANSFEREE (BUYER)

Insert details of your Australian Financial Institution, Branch and Account into which you wish to have your payments made.

Please check your account details carefully. It is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please confirm the correct account details with the payee.

Name of Australian Financial Institution	Branch	
Branch number (BSB) Account Number		
Account Name		
Please note: If your account number does not have 9 digits please do not add result in an incorrect payment.	zeros at the beginning or end of your account number unnecessarily as it may	
' *	TION (SELLER AND BUYER)	
n consideration of the receipt by me/us, the Seller, of the sum of (amount in words)	Amount	
	\$	
Number of Securities (amount in word)	Number of Securities	
Date of Purchase	Class of Securities	
J /	Oldo Or Coouring	
/We, the Seller, as the registered holder(s) of the above securities ('Securities' Transfer to the Buyer the Securities held in my/our name(s) in the register of Agree that this transfer is subject to the same conditions on which I/we held	the above fund(s); and	
/We, the Buyer:		
Agree to accept the above Securities subject to the same terms and condi	itions as were applicable to the Seller and acknowledge being bound by the	
provisions of the constitution(s) of the fund(s);	or and frontless from deads	
Confirm that I/we have received and read a copy of the current Offer Docur	ment for the fund(s); I/we undertake to inform you of any changes to the information supplied as and	
when they occur;	n/we undertake to inform you of any changes to the information supplied as and	
If signing under power of attorney, the attorney declares that he/she has no		
/we may be required to provide additional proof of identification information		
Signature of Transferor / Seller	Signature of Transferor / Seller	
ndividual / Trustee / Sole Director and Sole Company Secretary / Director circle one)	Individual / Trustee / Director (circle one)	
Name: (Please Print)	Name: (Please Print)	
Date	Date	
1 1		
Signing Instructions: This form should be signed by the securityholder. If a joint holdi		
nstructions. If signed by the securityholder's attorney, the power of attorney must ha executed by a company, the form must be executed in accordance with the securityhole.		
Privacy Statement: MUFG Corporate Markets (AU) Limited advises that Chapter (including your name, some or all of the information is not collected then it might disclosed to the entity in which you hold units. Also certain personal information may be	not be possible to administer your unitholding. Your personal information may be	
, , ,	'	
Signature of Transferee / Buyer	Signature of Transferee / Buyer	
ndividual / Trustee / Sole Director and Sole Company Secretary / Director (circle one)	Individual / Trustee / Director (circle one)	
Name: (Please Print)	Name: (Please Print)	
, ,	,	
Date	Date	
Jaile I	Date / /	

HOW TO COMPLETE THE STANDARD TRANSFER FORM FOR NON-MARKET TRANSACTIONS WHEN TRANSFERRING UNITS IN AN UNLISTED INVESTMENT FUND

All parties to the transfer should complete all sections of this form and, where relevant provide all necessary documentation to establish the identity of the transferee (buyer).

Please note that if you are transferring to two individual accounts you will need to complete two transfer forms.

Also a separate form must be completed for each holding to be transferred.

Anti-Money Laundering - We may request additional information for the purposes of AML / CTF Verification.

A. Transferor (Seller) Details - All sections must be completed

Fund Name

A brief description of the name of the fund in which securities being transferred / sold are held.

Note: A separate standard transfer form must be completed for each different fund and each different registered holding.

Security Reference / Unitholder / Portfolio Number

This can be found on confirmation of holdings or distribution statements.

The transfer cannot be processed without the seller's Unitholder / Portfolio Number.

Full name(s) of Transferors(s)

Enter the given and last names of the individual(s) / Trustee(s) / Director(s) and / or Company/Corporation transferring the securities as shown on securityholder documents.

Registered address of Transferor

Insert full address of Transferor. This address must be identical to the registered address on file.

B. Transferee (Buyer) Details - All sections must be completed

Transferees Security Reference / Unitholder / Portfolio Number (if an existing holder)

This can be found on confirmation of holdings or distribution statements. If transferring to an existing holding all sections must still be completed for verification purposes.

Full name(s) of Transferee(s)

Enter the given and last names of the individual(s) / Trustee(s) / Director(s) and / or Company / Corporation acquiring the securities through this transfer. If transferring into an existing holding you must write the name (and address) details of the existing holding exactly as they currently appear on the register.

Full Residential addresses of Transferee(s)

Insert full address for all Buyers, PO Boxes will not be accepted.

Tax File Number(s) or Exemption Code(s) of Transferee(s)

Enter the Tax File Number(s) / Exemption Code(s) or Australian Business Number (ABN).

Without your Tax File Number (TFN), or Australian Business Number (ABN) if a business account, any income earned may be subject to withholding tax at the highest marginal tax rate plus Medicare Levy. Securityholders who wish to claim an exemption from quotation of their TFN should enter the exemption code for the pension or benefit they receive.

Exemption Code Description 444 444 441 Age, Invalid, or Service / Veterans Pension 444 444 442 Carer's, Sole Parent's, Widow's, or Other Pension, Rehabilitation Allowance 555 555 Son profit organisation.

For more information on Tax File and Australian Business Numbers and Exemptions, please call the Australian Taxation Office.

C. Transferee (Buyer) Contact Details

Full Postal addresses of Transferee(s)

Insert full address if different from section B for all Buyers, please note however only one postal address may be recorded against the holding.

D. Bank Account Details - Transferee (Buyer)

Enter the Australian Financial Institution you wish to have any income (distribution) paid to.

E. Transfer and Declaration

Number of Securities to be sold

The number of securities being transferred (numbers only required)

Consideration (Value of the transfer or sale)

The price paid by the buyer to the seller for the securities on the date of transfer / sale, or market value.

Date of Purchase

Insert date of purchase or completion of the transfer.

Class of Securities

E.g. Stapled Securities, Securities, Fully Paid Ordinary Shares etc.

Seller(s) and Buyer(s) Signatures and the Dates MUST be signed, and circle capacity under signatures

a) Individuals The securityholder must sign in the appropriate boxes.

c) Power of attorney You must have already lodged the Power of Attorney with the registry or alternatively attach a certified photocopy of the Power of

Attorney to this form.

d) Executors When the holding is in the name of an estate, all executor(s) / administrator(s) are required to sign. When executors and beneficiaries

are the same people they will need to sign as seller and buyer. Probate requirements must also be complied with.

e) Companies Form must be executed in accordance with the securityholder's constitution and the Corporations Act 2001 (Cth).

F. Customer Identification Declaration For AML / CTF Requirements and Financial Adviser Details

If the Buyer is investing through the services of a Financial Adviser the Adviser must complete this section to confirm that they have completed the customer identification procedure. Provide your financial adviser details if applicable.



COMPLETED FORM

Please return the completed form to (only one of the below options is needed):

- Email: samuelterry@cm.mpms.mufg.com
- Post:

MUFG Corporate Markets (AU) Limited Attention: Unit Registry Services Locked Bag 5038

Parramatta NSW 2124

If you have any questions about this form please contact us on (02) 8767 1114.