



STANDARD TRANSFER FORM

THIS IS AN INTERACTIVE PDF FORM

You can type your details on screen, before printing the form, signing and returning it to Key Capital Limited.

Advisor Stamp

SECTION 1 Syndicate Details

Name and ARSN of Syndicate

A R S N ("Syndicate")

SECTION 2 Transferee (Purchaser) Details

Please mark with a cross (X) one of the boxes to indicate who the Transferee (Purchaser) is.

- Individual Investor Joint Investor Trustee for Super Fund
- Executor of an Estate Company Trustee for Family Trust

Individual Investor, Joint Investor 1, Company Director 1, Executor 1 or Trustee 1

A

Title Given name(s)

Surname

Date of birth (day/month/year)

Joint Investor 2, Company Director 2, Executor 2 or Trustee 2

B

Title Given name(s)

Surname

Date of birth (day/month/year)

Tax File Number(s) (Individual and Joint Investors only)

A

B

Please include your TFN in the space provided to ensure tax is not deducted from distributions.

If any of the investors above are exempt from providing a TFN, please provide the reason for the exemption (e.g.: Sole Parent Benefits, Service Pension, etc.)

C

Name of Investing Company, Association, Body or Trustee Company if applicable

ABN

TFN

D

Account Designator (name of Super Fund, Trust, Deceased Estate or other entity of person)

A T F

ABN

TFN

Please complete this section if you are acquiring units on behalf of another entity.

If exempt from providing a TFN and/or ABN, please provide the reason for the exemption



SECTION 3 Contact Details – Transferee (Purchaser)

Please enter all relevant contact details, including your daytime telephone number.

Advisor details are not acceptable unless your Advisor holds a power of attorney, a copy of which must be provided.

All administration correspondence in relation to this investment will be sent to the nominated mailing address.

Syndicate Reports will be emailed unless indicated otherwise.

Contact Person for this investment

Email address

Mailing address

State

Postcode

Daytime phone number

After hours phone number

Fax number

Mobile number

Indicate how you would like to receive your Investment and Annual Reports for the Syndicate.

Email

Mail

Neither

SECTION 4 Advisor Details – Transferee (Purchaser)

If you use a Financial Advisor, please have them sign this section and stamp the front of the Transfer Form.

By stamping this Transfer Form the Advisor is confirming that they hold a current AFS Licence and are authorised to deal in and/or advise on managed investment products.

Title

Advisor full given name(s)

Advisor surname

Advisor Company (if applicable)

Name of AFS Licensee

AFS Licence Number

ADVISOR SIGNATURE

SECTION 5 Additional Investment Enquirer – Transferee (Purchaser)

If you would like someone other than the Contact or Advisor to enquire about this investment, please provide their details here.

Title

Given name(s)

Surname

Company (if applicable)

SECTION 6 Distribution Payments – Transferee (Purchaser)

Name that appears on the Account

Name of Financial Institution

BSB

Account number



SECTION 7 Transfer of Units

Number of Units in the Syndicate to be transferred , ,

Transfer Amount \$, , . 0 0

SECTION 8 Transferor (Seller) Details

Investor Code

Name in which your investment is held (as shown on Unit Certificate)

SECTION 9 Declaration and Authorisation – Transferee (Purchaser)

The Transferee (Purchaser) agrees to accept the Units subject to the conditions on which the Transferor (Seller) held the Units and to be bound by the Constitution of the Syndicate (as amended from time to time). The Transferee (Purchaser) acknowledges that the Transferor (Seller) has made no representations in respect of the transfer of the Units. The Transferee (Purchaser) further acknowledges that neither Key Capital Limited nor any staff or subsidiary or related company guarantees the performance of the Syndicate or the repayment of capital and that an investment in the Syndicate is subject to investment risk including the possible loss of income and capital invested.

If this transfer is signed by more than one person, who will operate the account Any to sign All to sign together

<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name <input type="text"/>		Name <input type="text"/>	
If a Company Officer or Trustee, you MUST specify your title: <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Trustee		If a Company Officer or Trustee, you MUST specify your title: <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Trustee	
Other <input type="text"/>		Other <input type="text"/>	

SECTION 10 Declaration and Authorisation – Transferor (Seller)

The Transferor (Seller) hereby transfers to the Transferee (Purchaser) the Units specified in Section 7 of this Transfer Form, subject to the conditions on which the Transferor (Seller) held the Units at the time of signing this Transfer Form. The Transferor (Seller) has not received any notice of revocation of any power of attorney under which this Transfer Form is signed.

<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name <input type="text"/>		Name <input type="text"/>	
If a Company Officer or Trustee, you MUST specify your title: <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Trustee		If a Company Officer or Trustee, you MUST specify your title: <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Trustee	
Other <input type="text"/>		Other <input type="text"/>	

Mail your completed Transfer Form to:

c/- Key Capital Limited
PO Box 3167, Brighton VIC 3186