IOOF Flexi Trust

Date of birth



Request to Transfer Units

Please use full name(s) or full company name including ABN or ACN - block letters please Investor 1 I/We. Surname Given names Title (Dr/Mr/Mrs/Ms) or Company name ABN ACN Address State Investor 2 (if applicable) I/We, Surname Given names Title (Dr/Mr/Mrs/Ms) or Company name ABN ACN Address (the Transferor(s)) being the Registered Holder(s) of the units held in account number hereby request you to transfer, on the terms and conditions as set out in the Constitution for the relevant IOOF Flexi Trust/IOOF/Perennial Wholesale Trust, of the units to: Surname Given names Title (Dr/Mr/Mrs/Ms) or Company name ABN Address State Postcode Date of birth Investor 2 (if applicable) Given names Surname Title (Dr/Mr/Mrs/Ms) or Company name ABN **ACN** Address

The consideration for the tran	nsfer of	the u	units i	s \$																										
Please issue the Transferee(s)) with a	ı noti	ce co	nfir	ming	regist	trati	on of	f the 1	transf	erre	ed ur	its.																	
Signature of Transferor(s)																			D	ate			/			/				
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Signature of Transferee(s)																			D	ate			/			/				
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 The withdrawal must be si If you think your signature verification purposes. In accordance with Anti-M If signed under power of a Corporate Investors not signal 	may ha loney La attorney	ave cl aund ,, a ce	:hang dering ertifie	ed s g and e d co	since d Cou opy r	you o unter ⁻ nust b	origin Terro De su	nally orism uppli	open Fina ed ur	ncing	our i Acalrea	inves t 200 ady p	tme 16 (A	ent, AML vide	plea /CT d.	ase F Lä	prov aw),	ride add	a co lition	py of	fyοι	ır dri	ver's	's lice	ence	or p	passp	oort		
Transferee(s) to complete																														
Tax File Number (TFN) or A	\ustra	ian B	3usin	ess	Num	ber (ABN	l) no	tifica	tion	or e	exem	pti	ion																
 Collection of your TFN or A Quotation of your TFN or A If you do not supply us wit forwarded to the Australian If you are exempt from que An investor who is not an A For more information about An ABN may be used as an a I authorise the use of this TF 	ABN is r th your n Taxati oting yo Australi the use alternat	TFN of ion O our Trian relation of a contract to the total contrac	ompu or AB Office FN or esider a TFN o a TF	Ilson IN, t (ATC r AB nt fo or A	ry¹ an ax wi D). N, yo or tax ABN, p	d it is Il be c u mus purpo please inves	not dedu st in oses cor tme	an cucted dicate is not acted to the contact and is	offence If from the this tot req your unde	te if your s belo uired neare	ou d r ind w d to p est i	decid come or tax provi Tax C	e n e ea wil de offic	iot to arneo II be a TF ::e.	o su d at dec	ppl the duc r AE	y us hig ted BN.	with hest	h this t mar	s info gina	rma I tax	tion. rate					_evy	and		
Investor 1 TFN or ABN												lnv	est	tor 2	2 TF	N c	or Al	3N												
Please tick (✓) applicable box												Please tick (✓) applicable box																		
or I authorise IIML to use the TFN or ABN already held on file.												or I authorise IIML to use the TFN or ABN already held on file.																		
or I am not an Australian resident for taxation purposes.												or I am not an Australian resident for taxation purposes.																		
or I claim an exemptio	or I claim an exemption from quoting a TFN or ABN.												or I claim an exemption from quoting a TFN or ABN.																	
Reason for exemption														R	easc	on fo	or ex	æm	ptior	ı										
Income Distribution I/We elect to receive our income A Additional units B Please pay my income Where no election is made recommendations.	me dire	ectly	into r	ny l	oank	accou	ınt, (detai	ls of v	which						lloc	atec	d in	the F	und	fron	n wh	ich	the	incc	ome	was	deri	ved.	
Bank/financial institution																														
Bank/Branch number] - [Ad	cour	nt nui	mber																				
Account name																														

¹Note, under AML/CTF Law, disclosure of an ABN is required for those individual investors investing as sole traders.

Please return your completed form to: IOOF Investor Services GPO Box 264C Melbourne VIC 3001