

**STANDARD TRANSFER FORM – FOR UNLISTED INVESTMENT FUNDS**

**A TRANSFEROR (SELLER) DETAILS**

Fund or Company in which investment is held (MUST BE COMPLETED)

  


Security Reference / Unitholder /  
Portfolio Number

**Verification Procedures:** For security purposes, the registration details of the Seller and the authorisation to transfer will be subject to verification. This verification process may include contacting the Seller. Where verification cannot be carried out to the satisfaction of the Issuer or Responsible Entity, the transfer may be rejected and returned with a request to provide additional information.

**Registered Account Name (in full)**

  


**Registered Address for the Account**

Unit No.	Street No.	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb			State	Postcode
<input type="text"/>			<input type="text"/>	<input type="text"/>
Country			Sellers day time Phone Number	
<input type="text"/>			<input type="text"/>	

**B TRANSFEREE (BUYER) DETAILS**

Transfer to my existing Security Reference / Unitholder / Portfolio number (if applicable)

– All below sections must still be completed for verification purposes.

Please tick one of the following: Individual  Joint  Superannuation  Company  Trust

**Investor 1 (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		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb			State	Postcode
<input type="text"/>			<input type="text"/>	<input type="text"/>
Country				
<input type="text"/>				
Home Number	Work Number	Mobile		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email		Fax Number		
<input type="text"/>		<input type="text"/>		
Tax File Number or Exemption Code				
<input type="text"/> - <input type="text"/> - <input type="text"/>				

**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

Email

Fax Number

Tax File Number or Exemption Code

 -  - 

**Company / Partnership**

Full name of Company / Partnership

ABN / ARBN / ARSN

 -  -  - 

Tax File Number or Exemption Code

 -  - 

**Registered Address (no PO.Box)**

Unit No.

Street No.

Street Name

Suburb

State

Postcode

Country

Home Number

Work Number

Mobile

Email

Fax Number

**Superannuation Fund / Trust Or Other Entity**

Full name of Superannuation Fund / Trust

ABN / ARBN / ARSN

 -  -  - 

Tax File Number or Exemption Code

 -  -

**C****TRANSFEEE (BUYER) CONTACT DETAILS****Mailing Address for Account**

Same as Investor 1 Residential Address       Same as Investor 2 Residential Address       Same as Company / Partnership etc Address

Otherwise complete details below.

PO Box / RMB / Locked Bag / Care of (c/-) Property name / Building Name (if applicable)

Unit No.

Street No.

Street Name




Suburb

State

Postcode

Country

**D****DISTRIBUTION ELECTION**

Please indicate on how you wish to receive distributions (if applicable).

Pay income to the Bank, Building Society or Credit Union account on file.

Pay income to the Bank, Building Society or Credit Union account shown in Section E of this form.

Reinvest all distributions as additional Securities.  
(Please note only applicable for the Aspen Parks Property Fund)

**E****BANK ACCOUNT DETAILS – TRANSFEEE (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 zeros at the beginning or end of your account number unnecessarily as it may result in an incorrect payment.

In 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

**I/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 the above fund(s); and
- Agree that this transfer is subject to the same conditions on which I/we held them at the time of signing this transfer.

**I/We, the Buyer:**

- Agree to accept the above Securities subject to the same terms and conditions as were applicable to the Seller and acknowledge being bound by the provisions of the constitution(s) of the fund(s);
- Confirm that I/we have received and read a copy of the current Offer Document for the fund(s);
- All details provided in this Standard Transfer Form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- If signing under power of attorney, the attorney declares that he/she has not received notice of revocation of that power; and
- I/we may be required to provide additional proof of identification information for the purposes of AML/CTF Law.

**Signature of Transferor / Seller**

Individual / Trustee / Sole Director and Sole Company Secretary / Director (circle one)

**Name:** (Please Print)

**Date**

 /  / 

**Signature of Transferor / Seller**

Individual / Trustee / Director (circle one)

**Name:** (Please Print)

**Date**

 /  / 

**Signing Instructions:** This form should be signed by the securityholder. If a joint holding, all securityholders should sign unless indicated otherwise on your latest operating instructions. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the securityholder's constitution and the *Corporations Act 2001* (Cth).

**Privacy Statement:** Aspen Funds Management is collecting the information in the form for the primary purpose of issuing Securities in Aspen Funds Management investment products. The information will also be used to forward to you periodic information relating to your investments and from time to time provide to you information of a generic or marketing nature relating to Aspen.

This information will not be made available to any third party, other than as required by law and to service providers for permitted related purposes (for example, auditors, consultants and advisers) for the purpose of administering the investment. By executing this form, you provide your consent to Aspen Funds Management to disclose your information to such service providers and to use your information for the purposes referred to above. If you wish to request access to your information or if you have any complaint in relation to the manner in which Aspen Funds Management has handled your information, please contact us. For more information relating to Aspen Funds Management privacy policy please contact Aspen Funds Management on (08) 9220 8400.

**Signature of Transferee / Buyer**

Individual / Trustee / Sole Director and Sole Company Secretary / Director (circle one)

**Name:** (Please Print)

**Date**

 /  / 

**Signature of Transferee / Buyer**

Individual / Trustee / Director (circle one)

**Name:** (Please Print)

**Date**

 /  /

## AFS LICENSEE CERTIFICATION FOR AML / CTF REQUIREMENTS CUSTOMER IDENTIFICATION DECLARATION

If investing directly, please complete the applicable Investor Identification Checklist for each transferee/applicant which can be downloaded from Aspen's website – [www.aspengroup.com.au/aspen\\_forms.html](http://www.aspengroup.com.au/aspen_forms.html). Please ensure all relevant identity documents are provided; **OR**

If investing through the services of a Financial Adviser, the Financial Adviser is to complete the following certification.

**APPLICANT NAME/S:**

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### Record of Investor identification procedure – Investor 1 / Company

Identity details	Primary Document <i>(Do not attach originals)</i>	Secondary Document <i>(Originals will not be returned)</i>
Identity verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
The identity document is	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached
Document details	Primary Document	Secondary Document
Document Issuer		
Issue date		
Expiry Date		
Document number		
Accredited English Translation	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted

### Record of Investor identification procedure – Investor 2

Identity details	Primary Document <i>(Do not attach originals)</i>	Secondary Document <i>(Originals will not be returned)</i>
Identity verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
The identity document is	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached
Document details	Primary Document	Secondary Document
Document Issuer		
Issue date		
Expiry Date		
Document number		
Accredited English Translation	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted

### Record of Investor identification procedure – Superannuation / Trust

Identity details	Primary Document <i>(Do not attach originals)</i>	Secondary Document <i>(Originals will not be returned)</i>
Identity verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
The identity document is	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached
Document details	Primary Document	Secondary Document
Document Issuer		
Issue date		
Expiry Date		
Document number		
Accredited English Translation	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted

## AFS LICENSEE DETAILS – FINANCIAL ADVISER INFORMATION

Name of Financial Adviser

Adviser Number (if applicable)

AFSL Number (mandatory)

Company or Organisation Name

Dealer Group

PO Box / RMB / Locked Bag / Care of (c/-) Property name / Building Name (if applicable)

Unit No.

Street No.

Street Name

Suburb

State

Postcode

Country

Work Phone Number

Fax Number

Mobile Phone Number

Email

I can confirm that I have completed an appropriate customer identification procedure (CID) on the above mentioned investor/s which meets the requirements of the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (AML/CTF Act). I confirm that I have sighted original or certified copies of the Investors identity documents; and where applicable I confirm that I have sighted original or certified copies of the Investors Agent or Power of Attorney identity documents.

AFS Licensee Signature

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 555 555 555 Non 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. Distribution Election (If Applicable)**

Please indicate your distribution election. Please note that if this section is left blank, your distributions will be reinvested.

### **E. Bank Account Details – Transferee (Buyer)**

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

### **F. 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.
- b) Joint holdings All of the securityholders 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).

### **G. 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.