

# Australian Standard Transfer Form

## Fund details

APN Fund name (the Fund)

Description of Securities

Class

Units

Quantity (words and figures)

Consideration \$

## Seller details

Full name(s) of Transferor(s) (Seller(s))

Investor number (must be quoted)

## Buyer details

Full name(s) of Transferee(s) (Buyer(s))

Investor number (if applicable)

Full postal address of Transferee(s) (Buyer(s))

Suburb

State

Postcode

## Declaration and signature(s)

APN Online provides you with the ability to view multiple accounts that you hold with us. To "link" investments you must be authorised on all of the investment accounts and agree to consolidation of your contact details across them. Please nominate one account as your primary investment and include details of the other accounts held with us as secondary investments. (IMPORTANT - Your contact details for the primary investment will override the secondary investments if they differ.)

I/We the registered holder/s and undersigned seller/s for the above consideration do hereby transfer to the above name/s hereinafter called the Buyer/s the securities as specified above standing in my/our name/s in the books of the above named Fund or Structured Product, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer/s do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.

Signature of Seller 1

Signature of Buyer 1

Name of Seller 1 (please print)

Name of Buyer 1 (please print)

Date / /

Date / /

Director
  Sole director and company secretary
  Trustee
  Other (please specify)

Director
  Company secretary
  Trustee
  Other (please specify)

Signature of Seller 2

Signature of Buyer 2

Name of Seller 2 (please print)

Name of Buyer 2 (please print)

Date / /

Date / /

Director
  Sole director and company secretary
  Trustee
  Other (please specify)

Director
  Company secretary
  Trustee
  Other (please specify)

## Privacy Statement

You acknowledge that APN FM and its related bodies corporate may disclose and use personal information as contemplated in this form, APN FM's Privacy Policy available at [www.apngroup.com.au](http://www.apngroup.com.au) and the Privacy Statement in this PDS.

### Send us your form

We accept this form returned to us by email, fax or post.  
All pages must be present for the forms to be processed.

#### Email

Please scan and email to: **[apnpg@apngroup.com.au](mailto:apnpg@apngroup.com.au)**  
(You can send up to 10mb of attachments.)

#### Fax

Please fax the completed form to: **+61 3 8656 1010**

#### Post

Mail this completed form to: **APN Funds Management Limited,  
PO Box 18011, Melbourne Collins Street East, VIC 8003**