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## Transfer

This form relates to a Product Disclosure Statement dated 11 October 2019 (PDS) issued by The Trust Company (RE Services) Limited (ABN 45 003 278 831; AFSL 235 150) as responsible entity for the Atrium Evolution Series – Diversified Fund ARSN 151 191 776.

**Use this form if you are an existing investor and wish to transfer units to another investor.**

Complete all sections in BLOCK letters using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

**1. Instructions if you are transferring units to an existing investor.**

If you are transferring units to an existing investor, the following needs to be completed:

- transferor needs to write their account number and account name as it appears on your latest statement
- transferee needs to write their account number and account name in section 2 as it appears on your latest statement
- both the transferor and transferee need to sign this form as per the 'Signing instructions' in section 5.

**2. Instructions if you are transferring units to a new investor.**

If you are transferring units to a new investor, the transferor needs to complete the following:

- write their account number and account name as it appears on the latest statement
- sign this form as per the 'Signing instructions' in section 5.

The transferee needs to:

- write their name in section 4 of this form and then sign the form as per the 'Signing instructions' in section 5
- complete the fund's application form
- complete the relevant identification document accompanying the application form
- arrange for copies of their identification documents to be certified and
- complete the tax information form accompanying the application form

**3. Send your documents to us.**

Before you submit your transfer form, please check that:

- both the transferor and transferee have signed the transfer form
- the transfer form and application form (if applicable), along with relevant identification form and documents and the tax information form (if applicable) are included.

Please post your **original signed** transfer form, **original** application and original tax information form (if applicable) and **original certified** copies of the relevant identification documents (if applicable) to us.

Send by post:           Atrium – Registry Services  
                                  GPO Box 804  
                                  Melbourne VIC 3001

## 1 Transfer details

Please indicate if you are making a full transfer or a partial transfer. If you are making a partial transfer, please specify the number of units or dollar amount you wish to transfer.

FUND NAME	APIR CODE	TRANSFER AMOUNT \$AUD	TRANSFER OPTION (indicate preference with an X)	
			Balance	Number of units
Atrium Evolution Series – Diversified Fund AEF 5 Units	COL0029AU		<input type="checkbox"/>	
Atrium Evolution Series – Diversified Fund AEF 7 Units	COL0030AU		<input type="checkbox"/>	
Atrium Evolution Series – Diversified Fund AEF 9 Units	COL0031AU		<input type="checkbox"/>	

No Change of Beneficial Ownership

Minimum balances apply. Please refer to the Fund's product disclosure statement.

## 2 Transferor/Seller details

Investor number

Investor name

## 3 Transferee/Buyer details – existing investors only

If you are transferring units to a new investor, please complete the details below.

Investor number

Investor name

## 4 Transferee/Buyer – new investors

If you are transferring units to a new investor, please complete the details below. The following forms also need to be completed by the new investor and can be obtained from the product disclosure statement:

- application form
- identification form
- tax information form.

### New investor details

Title

Full given names

Surname

Company/Trust/Superannuation fund

## 5 Signing instructions

By completing and signing this form, you:

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

### Who needs to sign this form

**Individual** – where the investment is in one name, the account holder must sign.

**Joint Holding** – where the investment is in more than one name, all of the account holders must sign.

**Companies** – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

**Transferor/Seller**

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory

**Transferee/Buyer**

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory