

AUSTRALIAN STANDARD TRANSFER FORM

CommSec Adviser Services
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PLEASE ENSURE YOU COMPLETE THE ASSOCIATED STATUTORY DECLARATION.

Please attach a copy of the Managed Fund Unit Holding Statement AND please copy this form and complete one for each existing managed fund investment to be transferred. Stamp duty may be payable for this transfer. Please refer to the CommSec Adviser Services Investment Loan Fees and Charges.

LOAN DETAILS

LOAN NUMBER

BORROWER NAME(S)

FULL NAME OF FUND MANAGER

DESCRIPTION OF UNIT TRUSTS

QUANTITY

Words:

Figure:

FULL NAME(S) OF TRANSFEROR(S) [SELLER(S)] Please use capital letters

CONSIDERATION

Nil

OFFICE USE ONLY:

FULL NAME(S) OF TRANSFEREE(S) [BUYER(S)]

State Nominees Limited (a/c) c/-

FULL ADDRESS OF TRANSFEREE(S) [BUYER(S)]

I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) herein after called the Buyer(s) or to the several buyers named in Part 2 of the Brokers Transfer Form(s) or Split Transfer Form(s), the Securities as specified above standing in my/our name(s) in the books of the above named company or eligible body 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.

TRANSFEROR(S) [SELLER(S)] SIGN HERE

x

TRANSFEROR(S) [SELLER(S)] SIGN HERE

x

DATE

DD / MM / YYYY

DATE

DD / MM / YYYY

TRANSFEREE(S) [BUYER(S)] SIGN HERE

x

TRANSFEREE(S) [BUYER(S)] SIGN HERE

x

DATE

DD / MM / YYYY

DATE

DD / MM / YYYY

For State Nominees Limited by its Attorneys who have received no notification of revocation of their appointment as such attorneys.