

Name (printed)

Capacity to execute (if not investor)

AFSL No: 383080 | ABN: 40 145 378 383

Investor Services: 1800 999 109

TRANSFER OF UNITS FORM

Account to be	trai	nsferred <u>from</u> :				
Investor name			Invest	or number		
Transfer amount	\$		Best conta	ict number		
remaining funds, or any	intere	transfer your account balanc st earned to this account afte ease confirm your details:				
Bank name						
Account name (in full)						
BSB		-				
Account number						
		eld in the above account subject t levant Product Disclosure Statemo		conditions in t	he Fund Constitution. I/We	have
		Signatory 1:		Signatory	2 (if applicable):	
Signatu	re					
Date						
Name (printed)						
Capacity to execute (if not investor)						
Account to be	trai	nsferred <u>to</u> :				
Investor name [Invest	or number		
com.au or by calling GPS agree to be bound by the I/we sign on behalf of an documents for the Entity a Attorney, the Attorney veri	on 180 terms a Entity, and in a fies that	the latest relevant Product Disclo 90 999 109 to receive a copy freed and conditions contained in that of this form is signed in accordance with the original Applet no notice of revocation of that Poprovided if not provided previous	ee of charge) to document and the ce with the power ication Form attacked to the contract of t	which this inverse Fund's consers and the auched to the F	restment application applie titution. I/We certify that we thorisations of the constitution. PDS. If signed under a Pov	s and where tuting ver of
Even if you are the signa please call us on 1800 9		r both accounts, you must sigr).	n twice, once fo	each accou	nt. If you have any quest	ions,
		Signatory 1:		Signatory	2 (if applicable):	
Signatu	re					
Da	te					