STOCK TRANSFER FORM: UK COLLECTIVE INVESTMENT SCHEMES

This form should be completed and signed, as necessary, and sent to the fund administrator. In addition to this form, a tax residency self-certification, an application form, or other documentation for each transferee (the person receiving ownership) may be required. It may be helpful to refer to the Guidance notes as you complete the form.

1. Transferor(s) details

Account number:		Reference (if required):	
Full name(s) of registered unit/share holder(s), address of first registered holder and account designation (if any). If the transfer is not being made by the registered holder(s), insert also the name(s) and capacity (eg. Executor(s)), of the person(s) making the transfer.	1st holder full name Residential or registered address:	2nd holder full name:	
		3rd holder full name:	
		4th holder full name:	
		Account designation:	

I/We transfer the above units/shares out of the name(s) above to those below and request that the necessary entries be made in the register to give effect to this transfer.

Signature(s) :	Signatory name (if different from holder name)	Date:
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....

All transferors, or those acting for them, must sign. Bodies corporate should execute under their common seal, or otherwise as determined by their Memorandum and Articles of Association.

Stamp or agent code (if known) of the institution lodging this form (if any), for queries etc. concerning the transfer:

2. Transferee(s) details

Full name(s) and full postal address(es) (including postcode) and date(s) of birth of the person(s) to whom the security is transferred*, and any account designation. In each case please state title or salutation (eg. Mr., Mrs. etc.). Note that only the 1st holder's address will appear on the register of title. *Please see "Customer Due Diligence For Anti-Money Laundering Purposes" overleaf.	1st holder full name Residential or registered address: Capacity (if relevant): Date of Birth:	2nd holder full name Residential or registered address: Capacity (if relevant): Date of Birth:
	3rd holder full name Residential or registered address: Capacity (if relevant): Date of Birth:	4th holder full name Residential or registered address: Capacity (if relevant): Date of Birth:
	Account designation:	
Existing account number (if applicable) & Additional comments (if required)		

3. Funds to be transferred

Name of Fund and Share Class	ISIN (if known)	Number of units or shares to be transferred. If the entire holding, insert "ALL". Please write the number in words below:	Figures:

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CUSTOMER DUE DILIGENCE FOR ANTI-MONEY LAUNDERING PURPOSES

The administrator may refuse to register the transfer or allow further disposal of the units/shares until such time as due diligence measures have been completed to the Manager's satisfaction on all parties to the transfer.

This section does not apply where the transferee is a regulated financial institution or other entity that satisfies the criteria necessary to permit the Manager to apply "simplified" customer due diligence. If you believe this is the case, tick this box: The Manager or administrator may seek confirmation of the transferee's status and eligibility for these purposes. ☐

BENEFICIAL OWNERSHIP AND CONTROL

(a) If the transferee(s) is/are the individual beneficial owner(s), please state "TRANSFEREE" or "TRANSFEREES", as appropriate, in the first name space in the table below.

(b) If the transferee is a body corporate or a partnership, it must enter in the table below the names of any persons that own or control more than 25% of the voting rights in the body or partnership, or are entitled to more than 25% of its capital or profits, or otherwise exercise control over the management of the body or partnership*.

(c) If the transferee(s) is/are acting as trustee(s) (or similar), they must enter in the table below the names of any further trustees or others that have control over the management of the trust or arrangement and any individuals that have an entitlement to at least 25% of the property of the trust or otherwise have control over the trust*.

* If no individual has a specified interest that exceeds the above limits, please state "NONE" in the first name space below and strike through the remainder of the table. In the case of entities and arrangements that are not established for the benefit of any specified individual(s), the table should be used to provide a description of the nature of those who will benefit from the entity or arrangement ("the class of beneficiary").

Full Name		Residential or registered address:
Capacity		
Full Name		Residential or registered address:
Capacity		
Full Name		Residential or registered address:
Capacity		
Full Name		Residential or registered address:
Capacity		

Please complete the table in BLOCK CAPITALS. If there is insufficient space above to list all the relevant individuals, please tick here ☐ *and continue onto a separate sheet of A4 paper, which should be included with this form.*

I/We hereby certify that the above is a complete list of the beneficial owners and controllers as described above and that they are known to me/one or more of us or, in the case of a class of beneficiary, that the description is appropriate and accurate.

I/We accept the terms and conditions of the investment as outlined in the application form. To be signed by one or more of the transferees named overleaf, in whose names the units/shares will be registered.

Signature(s): 1 …… Date: ……

2 …… ……

3 …… ……

4 …… ……

In the event of doubt as to how to complete the table, please contact the fund administrator. If the table and declaration above are not completed, the administrator may need to contact the transferee(s) prior to registering the transfer in order to fulfil their obligations under UK money laundering and data protection legislation.

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