

Transfer and acceptance of units

Please print in CAPITAL LETTERS and place a cross 🗶 in any applicable boxes.

| Client number | · | | | | |
|--------------------------------|-------|----------|------------------------------------|--------------|----------|
| ТА | | | | | |
| Transferor details (owner one) | | | Transferee details (new owner one) | | |
| Transferor name (Owner one) | | | Transferee name (New owner one) | | |
| | | | | | |
| Contact phone number | | | Contact phone number | | |
| () | | | () | | |
| Registered address | | | Registered address | | |
| Street number and name | | | Street number and name | | |
| | | | | | |
| | | | | | |
| Town/Suburb | State | Postcode | Town/Suburb | State | Postcode |
| Email address | | | Email address | | |
| | | | | | |
| Mobile number | | | Mobile number | | |
| | | | | | |
| Transferor details (owner t | wal | | Transferee details (new | w owner two) | |
| Transferor name (Owner two) | | | Transferee name (New owner two) | | |
| | | | | | |
| Contact phone number | | | Contact phone number | | |
| () | | | () | | |
| Registered address | | | Registered address | | |
| Street number and name | | | Street number and name | | |
| | | | | | |
| | | | | | |
| Town/Suburb | State | Postcode | Town/Suburb | State | Postcode |
| | | | | | |
| Email address | | | Email address | | |
| Mobile number | | | Mobile number | | |
| | _ | | | | |

Issuer and Responsible Entity ipac Asset Management Limited (ABN 22 003 257 225, AFSL 234655) referred to in this form as 'the Responsible Entity'.

Fund details

Full name

Please select one option:

Amount to be transferred (exclude stamp duty)

\$

□ Number of units to be transferred

□ Full balance transfer

Payment instructions

Income distribution instructions for new owner(s)

Reinvested into additional units

 $\hfill \Box$ Credit to bank/other financial institution as listed:

Address of bank/financial institution

Bank/Institution branch name

Account name

BSB number

Account number

Authorisation

The transferee hereby agrees to take the units subject to the term and conditions of the relevant Trust Deed(s)

Signed by the Transferor (Owner one)

X

Date

Signed by the Transferor (Owner two)

X

Date

Signed by the Transferee (Owner one)

X

Date

Signed by the Transferee (Owner two)

X

Date

Where to send this form

Mail (no stamp required) or email this completed form to:

National Mutual Funds Management Ltd Reply Paid 125 PARRAMATTA NSW 2124

trustinfo@amp.com.au

amp.com.au

901790 07/22