

# CROMWELL PHOENIX GLOBAL OPPORTUNITIES FUND TRANSFER FORM

Issued by Cromwell Funds Management Limited ABN 63 114 782 777 AFSL 333214

#### Transfer Form Information

### Please read this important information on how to complete a Cromwell Transfer Form

The Transfer Form is to be used if you wish to transfer a Cromwell managed fund to another person or entity.

**We do not accept copies or faxes**. Return the original completed form to: Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001.

#### IMPORTANT: Transferee (Buyer) Information

Please ensure you read the PDS and TMD for the fund, as required by the Application Form.  $\,$ 

#### FATCA/CRS

Cromwell is required to collect and report to the Australian Taxation Office (ATO) certain information about the tax residency of our unitholders. If you have not supplied Cromwell with your tax residency status previously, please do so by one of the following methods:

#### > Online via your registered InvestorServe Access -

Visit www.investorserve.com.au > My Details > FATCA-CRS Information

> Email or Post a FATCA/CRS Form - Call Cromwell's Investor Services Team on 1300 268 078 to obtain a copy of the Automatic Exchange of Information (AEOI) Form for you to complete and return.

Not providing this information to Cromwell may delay the processing of your transaction.

#### AML/CTF

If you have **NOT** invested in a Cromwell managed fund previously, please provide the following:

- 1. Transferee (Buyer) Information (Part 1);
- 2. Completed and signed the Transfer (Part 2); and
- 3. Relevant Cromwell Identification Form and attaching certified copies of identification documents.

Type of Entity	Forms to be completed
Individual / Joint Investors (each applicant must complete a form)	IDENTIFICATION FORM 1: Individual & Sole Traders Form
Australian Companies	IDENTIFICATION FORM 2: Australian Companies Form
Australian Regulated Trusts (including Self Managed Super Funds)	IDENTIFICATION FORM 3: Australian Regulated Trusts (including Self Managed Super Funds) Form
Unregulated Australian Trusts and Foreign Trusts (e.g. Family, Unit and Testamentary Trusts)	IDENTIFICATION FORM 4: Unregulated Australian Trusts and Foreign Trusts Form

#### Change of Trustees - Self Managed Super Funds

The following documents need to be provided with the Transfer Form

- Original certified copy of any/all Deeds of Amendment or Minutes of Meeting noting the change of trustees
- Cromwell Identification Form 3 Australian Regulated Trusts (including SMSFs)

For a change of trustee of an unregulated trust, please contact Cromwell's Investor Services Team on 1300 268 078.

#### **Deceased Estates**

The following documents need to be provided with the Transfer Form

- Original certified copy of Probate and attaching Will OR Letters of Administration;
- For each Executor or Administrator Original certified copy of driver's licence (current) OR Passport (that has not expired more than 2 years ago);
- Section 1071B Statement Form (if the registered address of the holding is not Queensland).

If Probate <u>HAS NOT</u> been granted or you have any questions, please contact Cromwell's Investor Services Team on 1300 268 078.

#### Correct format of Registerable Titles

Only legal entities are allowed to hold units in the Fund. Transfer Forms must be in the name(s) of natural person(s), companies or other legal entities acceptable to the Fund. At least one full given name and the surname are required for each natural person. The name of the beneficiary or any other non-registerable name may be included by way of an account designation if completed exactly as described in the example of correct forms of registerable title shown below.

Type of Investor	Correct format of Registerable Name	Incorrect format	
Individual			
Use given names, not initials	John Alfred Smith	<del>J A Smith</del>	
Company			
Use company name, not abbreviations. Director(s) names must be completed within the Applicant(s) Details section	ABC Pty Ltd	ABC P/L or ABC Co	
Trust			
Use trustee(s) names	Sue Smith	Sue Smith Family	
Use name of the trust in the account designator section	Sue Smith Family Trust	Trust Sue Smith	
Superannuation Funds			
Use name of trustee of fund	Jane Smith Pty Ltd	Jane Smith Super- Fund	
Use name of fund in the account designator section	Jane Smith Super Fund	Jane Smith Pty Ltd	
Deceased Estates			
Use executor(s) names	Sue Lennon	state of the Late	
Use name of the deceased in the account designator section	Estate of the Late Jon Lennon	Jon Lennon	
A Minor (less than 18 years old)			
Use trustee(s) personal names	Sue Smith	Junior Smith	
Use name of the minor in the account designator section	Junior Smith	Sue Smith	

## CROMWELL FUNDS MANAGEMENT TRANSFER FORM





details for the cash portion of your

distribution.

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick  $(\checkmark)$ .

Any alterations made to this form MUST be initialled by both the Buyers(s) and the Seller(s). The use of correction fluid or tape renders the form invalid. Any increases to the holding amount being transferred is not acceptable, even if initialled.

#### Transferee (Buyer) Information - Part 1

Please complete the below sections if you have NOT invested in a Cromwell managed fund previously or for a change of Trustee/s. If you are a current investor in a Cromwell managed fund proceed to Part 2.

PART 1.1	CONTACT DETAILS - (MUST NOT BE ADVISER DETAILS)			
Please enter contact details, including phone numbers in case	Surname			
we need to contact you in relation	Title Full Circa Name (a)			
to your holding.	Title Full Given Name(s)			
Adviser details are not acceptable unless your Adviser holds a				
power of attorney, a certified copy	Address			
of which must be provided.	City State Postcode			
These contact details will be used for all administration	Phone After hours			
correspondence.	Mobile Facsimile -			
	Email			
	By providing this email address, you agree to receive all communications, including transaction confirmations, statements, reports and other notifications required by the Corporations Act, by email. From time to time we may still need to send correspondence by post. Contact us if you would like to receive a hard copy of the annual report in the post.  Would you like to be advised of other offers from Cromwell? Yes No			
PART 1.2	TAX INFORMATION - (MUST NOT BE ADVISER DETAILS)			
	Tax File Number Investor Name			
	Tax File Number Investor Name			
	Individual and Joint Investors only			
	ABN Number			
	If exempt from providing a TFN and/or ABN, please provide the reason for exemption			
	ii exempt ii om providing a 1 Fix and/or Adix, ptease provide the reason for exemption			
PART 1.3	DISTRIBUTION PAYMENTS			
You are required to provide your	Account Name			
bank account details for payment of distributions. Distributions will not be	Financial Institution			
paid by cheque. We can only accept				
Australian bank account details. If no bank account details are provided,	BSB Account Number			
your distributions will be reinvested.	If you would like your distribution reinvested as additional units please select one of the following options:			
This account must be in the investors name. Payment to a third party is not permitted.	Full Participation Partial Specify the number of securities or percentage you would			
If you select Partial Participation in the distribution reinvestment please ensure you provide bank account	like to participate			

PART 1.4	ADVISER DETAILS				
	Adviser given name				
	Adviser surname				
	Adviser company (if applicable)				
	Adviser Phone	-			
	Adviser email				
	Dealer Group Name		AFSL No:		
PART 1.5					
If you would like someone other	Given name				
than the Contact or your Adviser to be able to enquire about this					
investment, please provide us	Surname				
with their details here.	Date of birth	Company (if ap	oplicable)		
PART 1.6	TARGET MARKET DETERMINATION				
	Are you investing in this Fund on the advice of a licensed financial services provider who has provided investment advice having regard to your personal objectives, financial situation and needs?				
	Yes (Please ensure Adviser above is completed in fu	. —	estion 1		
	1. By investing in the Cromwell Phoenix Global Opportunities Fund, you are investing in an unhedged portfolio of listed international securities. Do you accept that while the Fund is a 'growth investment' whose value is expected to rise over time, it does expose you to risks associated with investing in listed foreign securities and there can be no guarantee the value of your investment will grow or be maintained over time.				
	Yes	No			
	By investing in securities that are listed in stock exchanges outside of Australia, do you accept that the economic, technological, political, legal and market conditions in these countries may affect the performance of the Fund?      No				
	3. Do you accept the capital valu	e of your investment is not guarante	eed?		
	Yes	No			
	4. Do you accept the annual inco	ome distributions paid by this Fund a	are not guaranteed and will vary over time?		
	<ol><li>Please indicate the percentag investment, excluding your re</li></ol>		esents of the assets you have available for		
	<b>25%</b> 2	25-75% 75-100%	I prefer not to provide this information		
	Additional information  If you have answered 'NO' to any of questions 1-4, please read the following statement:  "You have answered the above question in a manner which suggests this product may not be suitable for you.  Before proceeding with your investment, we recommend you do one or more of the following:				
	a) Review the target market determination for the product which can be found online at www.cromwell.com.au/investment-options/ddo or by contacting Cromwell to request a copy.				
	b) Review the product disclosure statement which can be found online at www.cromwell.com.au/gof/pds or by contacting Cromwell directly to request a copy.				
	c) Seek advice from your financial adviser, stockbroker or other investment professional."				
PART 1.7					
Please ensure you also procertified copies of identifica	_	, the relevant Cromwell Iden	tification Form/s and attaching		
Type of Entity		Forms to be completed			
Individual / Joint Investors (each	n applicant must complete a form)	IDENTIFICATION 1: Individual & S	ole Traders Form		

IDENTIFICATION 2: Australian Companies Form

Funds) Form

IDENTIFICATION 3: Australian Regulated Trusts (including Self Managed Super

IDENTIFICATION 4: Unregulated Australian Trusts and Foreign Trusts Form

**PART 1 /**<sub>4</sub>

Australian Companies

Unit and Testamentary Trusts)

Funds)

Australian Regulated Trusts (including Self Managed Super

Unregulated Australian Trusts and Foreign Trusts (e.g. Family,

## CROMWELL FUNDS MANAGEMENT TRANSFER FORM



PART 2	TRANSFER DETAILS				
	Cromwell managed fund name				
	Cromwell Phoenix Global Opportunities Fund				
	Select one of the below options				
	Full investment amount; or				
	Quantity in dollars \$		Quantity		
	Please write the quantity of units or dollar amount	in words	5		
PART 3	TRANSFEROR ("SELLER") DETAILS				
Investor reference	Investment name and account designator				
number must be quoted					
			Investor reference number		
PART 4	TRANSFEREE ("BUYER") DETAILS		- Hulliber		
If you have a current	Investment name and account designator				
holding in a Cromwell Managed Fund, please					
provide us with your			Investor reference		
investor reference number.			number		
If you have <b>NOT</b> investe	ed in a Cromwell managed fund previously r	olasca r	provide a relevant Cromwell Identification Form and		
	es of identification documents referred to in I				
PART 5	TRANSFEROR ("SELLER") AUTHORISAT	ION	NOTE: THIS SECTION MUST BE SIGNED FOR THIS FORM TO BE PROCESSED		
I/We the registered holder(s) and undersigned Transferor(s) do, for the above consideration, hereby transfer to the Transferee(s) the units specified above standing in my/our name(s) in the register of the above-named investment, subject to the conditions on which I/we held the same at the date on which this form is signed.  I/We have not received any notice of revocation of the Power of Attorney (if any) by death of the grantor or otherwise, under which this transfer is signed (if applicable).  I/We acknowledge that I/We have taken My/Our own advice in relation to the transfer of the above units and that Cromwell Funds Management Limited has agreed to process the transfer					
in its capacity only as Responsib	le Entity of the relevant investment. Cromwell Funds Managem	nent Limite	ed has neither set nor determined the value at which the units are to be transferred.		
	SIGNATURE A		SIGNATURE B		
Date / / /	·	Date			
Name		Name			
	ustee, you MUST specify your title:	INdille	If a Company Officer or Trustee, you MUST specify your title:		
	irector and Company Secretary				
Director Sole D  Trustee Other	irector and Company Secretary		Director Company Secretary  Trustee Other		
Trustee Other			Trustee Other		
PART 6	TRANSFEREE ("BUYER") AUTHORISAT	ΓΙΟΝ	NOTE: THIS SECTION MUST BE SIGNED FOR THIS FORM TO BE PROCESSED		
I/We have not received any no I/We acknowledge that I/we have in its capacity only as Responsib I/We acknowledge that by signir to be bound by the PDS and the	otice of revocation of the Power of Attorney (if any) by de e taken my/our own advice in relation to the transfer of the ab le Entity of the relevant investment. Cromwell Funds Managem ng this form I/we have read the most recent Product Disclosu e investment's Constitution and acknowledge that neither the	eath of the bove units nent Limite ure Staten e Cromwe	tions on which the transferor(s) held the units at the date on which the form is signed.  e grantor or otherwise, under which this transfer is signed (if applicable).  and that Cromwell Funds Management Limited has agreed to process the transfer ed has neither set nor determined the value at which the units are to be transferred.  nent (PDS) and Target Market Determination (TMD) for the investment. I/We agree of the property Group nor Cromwell Funds Management Limited nor any of their staff at an investment is subject to investment risk including the possible loss of income		
	SIGNATURE A		SIGNATURE B		
Date ///////	·	Date			
Name Name		Name			
If a Company Officer or Tru	stee, you MUST specify your title:		If a Company Officer or Trustee, you MUST specify your title:		
. ,	irector and Company Secretary		Director Company Secretary		
Trustee Other			Trustee Other		