



CROMWELL
FUNDS MANAGEMENT

CROMWELL PHOENIX PROPERTY SECURITIES FUND **WHOLESALE UNITS** **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 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 **HAS NOT** 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	J A Smith
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 Trust
Use name of the trust in the account designator section	Sue Smith Family 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	Estate of the Late Jon Lennon
Use name of the deceased in the account designator section	Estate of the Late 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 PHOENIX PROPERTY SECURITIES FUND

WHOLESALE UNITS - TRANSFER FORM



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

Any alterations made to this form MUST be initialled by both the Buyer(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 we need to contact you in relation to your holding.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all administration correspondence.

Surname	<input type="text"/>		
Title	<input type="text"/>		
Full Given Name(s)	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	-	<input type="text"/>
		After hours	<input type="text"/>
			<input type="text"/>
Mobile	<input type="text"/>	-	<input type="text"/>
		Facsimile	<input type="text"/>
			<input type="text"/>
Email	<input type="text"/>		

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	<input type="text"/>	Investor Name	<input type="text"/>
Tax File Number	<input type="text"/>	Investor Name	<input type="text"/>

Individual and Joint Investors only

ABN Number

If exempt from providing a TFN and/or ABN, please provide the reason for exemption

PART 1.3

DISTRIBUTION PAYMENTS

You are required to provide your bank account details for payment of distributions. Distributions will not be paid by cheque. We can only accept Australian bank account details. If no bank account details are provided, your distributions will be reinvested.

This account must be in the investors name. Payment to a third party is not permitted.

If you select Partial Participation in the distribution reinvestment please ensure you provide bank account details for the cash portion of your distribution.

Account Name	<input type="text"/>		
Financial Institution	<input type="text"/>		
BSB	<input type="text"/>	Account Number	<input type="text"/>

If you would like your distribution reinvested as additional units please select one of the following options:

Full Participation	<input type="checkbox"/>	Partial Participation	<input type="checkbox"/>	Specify the number of securities or percentage you would like to participate	<input type="text"/>
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PART 1.4

ADVISER DETAILS

Adviser given name	<input type="text"/>
Adviser surname	<input type="text"/>
Adviser company (if applicable)	<input type="text"/>
Adviser Phone	<input type="text"/> - <input type="text"/>
Adviser email	<input type="text"/>
Dealer Group Name	<input type="text"/>
AFSL No:	<input type="text"/>

PART 1.5

ADDITIONAL INVESTMENT ENQUIRER

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Given name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
Company (if applicable)	<input type="text"/>

PART 1.6

Please ensure you also provide the following documents, the relevant Cromwell Identification Form/s and attaching certified copies of identification documents.

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