BULK OFF MARKET TRANSFER REQUEST -INTERNATIONAL SECURITIES



Important - the buyer and seller must sign both pages of this form.

SECTION A - Transferor(s) and Transferee(s) to complete the below details

Sel	ler	/
OCI	ICI.	/

Account number

From Account

Registration Details of Seller Full name(s) of Transferor(s)

Holder Name

Designation

Transferor(s) / Seller(s	s) sign here				
Signature of Investor / Director / Trustee			Signature of Joint Investor / Director 2 / Ti		ustee 2
		Date			Date
Name			Name		
Buyer / Acc To Account	count number				
Registration Details of Holder Name	Buyer Full nan	ne(s) of Transferee	(s)		
Designation					
Full postal address of ⁻ Postal Address	Transferee(s)				
Postcode	State / Territory			Country	
Transferee(s) / Buyer(s	s) sign here				
Signature of Investor / Director / Trustee		Signature of .	Joint Investor / Director 2 / Tru	istee 2	
		Date			Date
Name			Name		

This form to be used in respect of Powerwrap Investment Account ARSN 137 053 073 issued by Powerwrap Limited ("Responsible Entity", "Powerwrap") ABN 67 129 756 850 AFSL 329829

	SECTION B – International Securities to be transferred							
Security Code	Name of the Security	No. of Units	Consideration (\$AUD)	Date				

Signed as per Section A:

I/We the registered holder(s) and the undersigned seller(s) for the above Consideration do herby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) In the books of the above named Companies, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do herby agree to accept the said securities subject to the same conditions. I/we have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed (if applicable).

Transferor(s) / Seller(s) sign here

Signature of Investor / Director / Trustee

Signature of Joint Investor / Director 2 / Trustee 2

Transferee(s) / Buyer(s) sign here

Signature of Investor / Director / Trustee

Signature of Joint Investor / Director 2 / Trustee 2

Return this completed form and any supporting documents to your Financial Adviser or Nominated Adviser Representative. Alternatively, return to us by post to: Powerwrap Client Services, PO Box 16071, Collins St West VIC 8007