

BULK OFF MARKET TRANSFER REQUEST - MANAGED FUNDS



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

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

Seller / Account number
From Account

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

Holder Name

Designation

Transferor(s) / Seller(s) sign here

Signature of Investor / Director / Trustee

Signature of Joint Investor / Director 2 / Trustee 2

Date

Date

Name

Name

Buyer / Account number
To Account

Registration Details of Buyer Full name(s) of Transferee(s)

Holder Name

Designation

Full postal address of Transferee(s)

Postal Address

Postcode

State / Territory

Country

Transferee(s) / Buyer(s) sign here

Signature of Investor / Director / Trustee

Signature of Joint Investor / Director 2 / Trustee 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 – Complete the below managed funds to be transferred

APIR Code	Name of the Managed Fund	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 hereby 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 hereby 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