MANAGED FUND TRANSFER INSTRUCTION FORM



Use this form for an in specie transfer of managed funds to a Powerwrap Investment Acccount.

Part 1 - Portfolio details Account name			Account number		
Part 2 - Details of where Current provider	managed f	unds are held	Account number		
Account name					
Part 3 - Managed fund transfer instructions A) Transfer all managed funds to Powerwrap					
Choose a transfer option	OR				
APIR code	Managed fund name		Units		
Part 4 - Authorised signatures I/we authorise the above transaction/s to be executed as instructed.					
Signature of account hold		s to be executed as	Signature of account holder 2		
		Date		Date	
Name			Name		
Capacity (eg. Individual/ di	irector/ auth	orised signatory)	Capacity (eg. Individual/ director/ authorised signatory)		

Part 5 - Important information
Please note that, if signing this form under Power of Attorney, you verify that at the time of signing, that the POA is valid and not revoked. Please also submit a certified copy of the POA documents with this completed form.
Return this completed form and 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
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