

Standard Transfer Instruction Form Section A

A \$100+GST fee applies for the transfer of units. This will be invoiced to the seller/transferor.

Investment being transferred

MPG Trust Name:	State/Territory of Registration: Victoria
Description of Securities: Ordinary Units	If not fully paid, paid to: Fully Paid
Quantity of Securities (words):	Date of transfer: ____/____/____
Quantity of Securities (figures):	Consideration: (Value of Transfer)

Seller/Transferor(s) details

Full name of registered holding account:	Investor ID: ____/____
Email address:	Telephone number:

Buyer/Transferee(s) details (complete Section B if new investor)

Name of Investor 1 and 2 (if joint) or Company/Superannuation/Trust:	MPG Investor Number (if existing MPG client) ____/____
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Signatures: This section must be signed for your instructions to be executed

I/We the registered holder(s) and undersigned seller(s) for the above consideration do hereby transfer to the above named hereinafter called the buyer(s) the securities as specified above standing in my/our name(s) in the books of the above company, 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)

Signature(s) of Seller/Transferor

Signature of Investor 1/Trustee/Company Officer:	Signature of Investor 2/Trustee/Company Officer:
Name of Investor 1/Trustee/Company Officer: <input type="checkbox"/> Director <input type="checkbox"/> Director/Secretary <input type="checkbox"/> Trustee <input type="checkbox"/> Other	Name of Investor 2/Trustee/Company Officer: <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Trustee <input type="checkbox"/> Other
Date:	Date:

Signature(s) of Buyer/Transferee

Signature of Investor 1/Trustee/Company Officer:	Signature of Investor 2/Trustee/Company Officer:
Name of Investor 1/Trustee/Company Officer: <input type="checkbox"/> Director <input type="checkbox"/> Director/Secretary <input type="checkbox"/> Trustee <input type="checkbox"/> Other	Name of Investor 2/Trustee/Company Officer: <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Trustee <input type="checkbox"/> Other
Date:	Date:

Section B - New Investor Details

Investor One (if applicable)

Title:	Given Name:	Surname:
Tax File Number:		Date of Birth: ___/___/_____
Address:		
Suburb:	State:	Postcode:
Mobile phone:		Office/Home phone:
Email address:		

Investor Two (if applicable)

Title:	Given Name:	Surname:
Tax File Number:		Date of Birth: ___/___/_____
Address:		
Suburb:	State:	Postcode:
Mobile phone:		Office/Home phone:
Email address:		

Company/Super Fund/Partnership/Trust (if applicable)

Company (Entity Name):																																									
Super Fund/Partnership/Trust (Contact Name):																																									
ABN: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					TFN: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Income distribution details

It is essential these details are correct for deposits to your nominated account. If in doubt, check with your Financial Institution.																												
BSB Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								Account Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Name of Account:																												
Bank:	Branch:																											

Where to send this form

1. Mail to Investor Relations, MPG Funds Management, PO Box 1307 Camberwell Vic 3124
2. Or scan and email to invest@mpgfm.com.au

Any questions?
Please call us on 1300 668 247

Standard Transfer Instruction Form Section B AML/CTF Checklist

The introduction of the Anti-Money Laundering and Counter-Terrorist Financing Act 2006 (AML/CTF) requires additional identification information from investors. This is to be provided by you or your advisor.

Processing this transfer may be delayed if you, or your advisor do not provide adequate identification documents.

Investor Name: (Please note that there is to be one checklist for each investing person/entity)	
Date of Birth: (dd/mm/yyyy)	

DIRECT INVESTORS (i.e. you are not investing through a dealer, IDPS or other financial adviser)

Complete Part One – please provide us with requested identification information and your completed transfer form.

FINANCIAL ADVISERS (i.e. you are a financial adviser, IDPS or a person making arrangements for a designated service)

Complete Part One – please check appropriate boxes to indicate the documents you have collected and verified for this investor, or have attached to the transfer form.

Complete Part Two – you may either:

confirm the satisfactory collection and verification of the investor’s identification documents; or

include certified copies of the investor’s identification documents with the transfer form

PART ONE

Individual - each individual must provide verification documents from A or B

A	<p>A current or a certified copy of one of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> an Australian driver’s licence containing a photograph of the person, or <input type="checkbox"/> an Australian passport, or <input type="checkbox"/> an identification card issued by a state or territory that contains the date of birth and a photograph of the card holder, or <input type="checkbox"/> a foreign government, United Nations or United Nations agency issued passport or similar travel document containing a photograph and signature of the person. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator.
B	<p>A current or a certified copy of one of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> an Australian birth certificate, or <input type="checkbox"/> an Australian citizenship certificate, or <input type="checkbox"/> a pension card issued by Centrelink, or <input type="checkbox"/> a foreign driver’s license that contains a photograph of the person. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator, or <input type="checkbox"/> a citizenship certificate issued by a foreign government. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator, or <input type="checkbox"/> a birth certificate issued by a foreign government. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator. <p>PLUS one of the following</p> <p>An original notice that contains the name and residential address of the person, and is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> issued by the Commonwealth or a state and territory within the preceding 12 months that records the provision or financial benefits, or <input type="checkbox"/> issued by the Australian Taxation Office within the preceding 12 months; and records a debt payable to or by the person by or to the Commonwealth, or <input type="checkbox"/> issued by a local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person.

Individual acting in the capacity of sole trader

- A current or certified copy of a business name search, and
- verification documents required for an individual (above)

Partnership

A certified copy of certified extract of one of the following

- A current partnership agreement; or
- Minutes of a partnership meeting.

Either copy must include:

- the full name of the partnership;
- the full business name (if any) of the partnership, as registered under any state or territory business name legislation;
- the country in which the partnership was established; and
- the full name and residential address of each partner.

Please also provide verification documents required for individuals (above)

Company

A current or a certified copy of a search of ASIC databases showing:

- The full name of the company;
- The ACN;
- The registered office address;
- The principle place of business;
- The names of each director (only provide if a proprietary company); and
- The names and addresses of each shareholder (only provide if a proprietary company that is not licensed and is not subject to regulation).

Trustee

1. For all trusts (including self managed super funds/wrap trusts/IDPS) please provide the original trust deed or a certified copy or certified extract of the trust deed confirming:

- full name of Trust;
- type of Trust;
- country where the trust was established; and
- name of each beneficiary or class of beneficiary. If the trust is a unit trust you will need to provide a certified extract of the trust register to confirm the name of each beneficiary.

If the trustee is an individual, please also provide documentation required for individuals (above)

If the trustee is a company, please also provide documentation required for companies (listed above)

2. For a registered managed investment scheme or a government superannuation fund:

- an ASIC search confirming the registration of the managed investment scheme, or
- an extract from relevant legislation confirming registration of the government superannuation fund.

PART TWO

Name of Financial Adviser	
AFSL Name/Dealer Group Name	
AFSL Number	
Date Verified (dd/mm/yyyy)	
Signature	I confirm I have completed AML/CTF identification requirements for this investor, or I have included the investor's identification documents for your verification.