

Transfer and Acceptance of Units Form

Important information about transfers

How do I transfer my investment?

Should you wish to transfer all or part of your investment to another person or entity, you will need all parties to the transfer to complete the transfer and acceptance of units form attached (or a standard transfer form available from stationers) and, where relevant, provide all necessary documentation to establish the identity of the transferee (buyer).

Please note that if you are transferring to two individual accounts you will need to complete two transfer forms.

The following circumstances may constitute a transfer of units:

- changing the trustee of a superannuation fund/ family trust
- transmission of units to the beneficiary of a deceased estate
- changing from a joint to an individual investor
- changing from an individual to a joint investor.

We need to establish the identity of the transferee (buyer) (if this has not already been completed) before we can process this request.

For transferees that are individual/ joint accounts (including sole traders)	You or your adviser must also complete the attached identification and verification form so that we can establish your identity.
For transferees that are companies, partnerships, superannuation funds and other entity types	You or your adviser must also complete the appropriate identification form which can be found in our forms library at cfs.com.au , so that we can establish your identity.

Anti-Money Laundering and Counter-Terrorism Financing laws and Sanctions laws

We are required to comply with these laws, including the need to establish your identity (and, if relevant, the identity of other persons associated with your account) and accordingly hold such information. Instructions for completing the identification process are included with the application forms. Additionally, from time to time, we may require additional information to assist with this process and keep a record.

Where legally obliged to do so, we may disclose the information gathered about you to regulatory and/ or law enforcement agencies, and we may not be able to tell you when this occurs. We may be unable to transact with you or other persons. This may include actions such as delaying, blocking, freezing or refusing to process a transaction, or ceasing to provide you with a product or service, if we have reasonable grounds to believe or suspect potential breaches of Australian and/or international laws or sanctions. This may impact on your investment and could result in a loss of income and principal invested. We will not incur any liability for any loss suffered if we are required to take one or more of these actions.

How do I provide my TFN?

This section will assist you in completing the 'Tax file number or reason for exemption' section of the attached form.

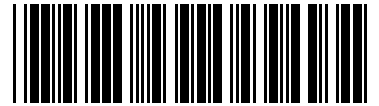
- One name only: Write **'I'** in the small box, then your TFN.
- Organisations not required to lodge a tax return: Write **'N'** in the small box, then the reason for exemption in the space.
- More than one person or organisation: Write **'J'** in the small box, then the TFNs of two investors only. Give details of people with a TFN before details of people who are exempt.
- Companies (C) or Partnerships (P): Write **'C'** or **'P'** in the small box, then the company or partnership TFN.
- Super Funds (S) or Trusts (T): Write **'S'** or **'T'** in the small box, then the Super Fund or Trust TFN.
- Exemptions: Write the full name of the benefit you receive, eg Age Pension, Service Pension, Wife's Pension, Carer's Pension, Widow B Pension, Sole Parent's Pension, Special Benefit, Rehabilitation Allowance, Disability Support Pension or Special Needs Pension.

Please phone Investor Services on 13 13 36 or email contactus@cfs.com.au with any questions.

Disclaimer: This is general information about transferring all or part of your investment to another person or entity and TFNs. It does not constitute financial product advice.

We recommend you consult your financial or taxation adviser before transferring units as your tax and/or social security position may be affected.

Colonial First State – Transfer and Acceptance of Units Form



Complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**.
Mark appropriate answer boxes with a cross . Start at the left of each answer space and leave
a gap between words. All sections must be completed and the form signed by both Seller and
Buyer. Use this form even if you are not paying for the units e.g. they are a gift.

Please call Investor Services on **13 13 36** with any questions.

SAVE FORM

PRINT FORM

The Target Market Determinations (TMD) for our financial products can be found at www.cfs.com.au/tmd and include a description of who the financial product is appropriate for.

1 TRANSFEROR (SELLER) DETAILS

Account number

INVESTOR 1 OR COMPANY/PARTNERSHIP

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname/Company/Partnership name

Postal address

Unit number Street number PO Box

Street name

Suburb

State Postcode

Country

INVESTOR 2 (IF APPLICABLE)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname/Company/Partnership name

Postal address

Unit number Street number PO Box

Street name

Suburb

State Postcode

Country

2 TRANSFEREE (BUYER) DETAILS

Transfer to my existing account number (if applicable). Note: Transfer of units can only occur between the same product.

Individual Joint Superannuation Company Trust Association

2 TRANSFEREE (BUYER) DETAILS (CONTINUED)

Fields marked with an asterisk (*) **must** be completed for the purposes of anti-money laundering laws.

INVESTOR 1 (individual accounts/sole trader)

Title
Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Date of birth* Gender
Male Female

Occupation* (If retired, state RETIRED)

Your main country of residence, if not Australia*

INVESTOR 2 (JOINT ACCOUNTS)

Title
Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Date of birth* Gender
Male Female

Occupation* (If retired, state RETIRED)

Your main country of residence, if not Australia*

Note: You are not obliged to disclose your TFN, but there may be tax consequences. Refer to the PDS for information on the implications of not providing your TFN.

TFN or reason for exemption (refer to page A1 of the PDS)

or code

TFN or reason for exemption (refer to page A1 of the PDS)

or code

If you have (an) existing FirstChoice investment account(s) with Colonial First State Investments Limited (CFSIL), it is possible that you may have already provided us with your Tax File Number (TFN). We are authorised under the Taxation Administration Act 1953 (Cth) to collect your TFN for this application. We may also use your TFN to administer other investment accounts you hold with us in the future. Where we use your TFN in this way, we will only use it for legal purposes, such as to calculate tax on your benefits or provide information to the Commissioner of Taxation.

Yes – use my existing TFN information for this application

No – do not use my existing TFN information for this application

Yes – use my existing TFN information for this application

No – do not use my existing TFN information for this application

Are you a tax resident of another country?*

Yes No

Are you a tax resident of another country?*

Yes No

If you are a tax resident of another country, please also complete **section 3**.

2 TRANSFEREE (BUYER) DETAILS (CONTINUED)

COMPANY/PARTNERSHIP/SUPERANNUATION FUND OR OTHER ENTITY (INCLUDING SOLE TRADER)

Full name of company/partnership/trustee/sole trader*

Full name of superannuation fund/trust*

Principal business/trust activity*

Are you a charity?*

Yes No

Principal place of business (sole traders only)*

Country established, if not Australia*

ABN/ARBN/ARSN

Tax File Number

Email address

We will use your contact details in the following way:

By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices, education and market updates via email, your account online, SMS, mobile phone app or other electronic means. You are also consenting to receive marketing communications about our products and services.

Please note, you are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.

Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy.

ACCOUNT DESIGNATION

For the use of trustee(s), trust or minor as designation (refer to current Product Disclosure Statement for details).

3 TAX DETAILS

If you answered 'Yes' to 'Are you a tax resident of another country?', please complete this section.

If you are a tax resident of a country other than Australia, please provide your Tax Identification Number (TIN) or equivalent below. If you are a tax resident of two or more countries, please list them below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia. If no TIN is provided, please list **one** of the codes specified, A, B or C. For US Citizens, we are not able to process an application without a TIN.

INVESTOR 1

Are you a tax resident of Australia? Yes No

Country

TIN

Code

Country

TIN

Code

Country

TIN

Code

INVESTOR 2

Are you a tax resident of Australia? Yes No

Country

TIN

Code

Country

TIN

Code

Country

TIN

Code

If there are more countries, provide details on a separate sheet and cross this box.

If no TIN is listed, write:

Code A The country of tax residency does not issue TINs to tax residents.

Code B The individual has not been issued with a TIN.

Code C The country of tax residency does not require the TIN to be disclosed.

4 CONTACT DETAILS

INVESTOR 1

Residential address (PO Box is NOT acceptable)*

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>						

Postal address (if different to above)

Unit number	<input type="text"/>	Street number	<input type="text"/>	PO Box	<input type="text"/>	Street name	<input type="text"/>	
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>							

Work phone number

Home phone number

Mobile phone number

Email address for investor 1

INVESTOR 2

Residential address (PO Box is NOT acceptable)*

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>						

Postal address (if different to above)

Unit number	<input type="text"/>	Street number	<input type="text"/>	PO Box	<input type="text"/>	Street name	<input type="text"/>	
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>							

Work phone number

Home phone number

Mobile phone number

Email address for investor 2

We will use your contact details in the following way:

By providing your email address and mobile number you are consenting to receive important information about your account including statements, transaction confirmations, significant event notices, education and market updates via email, your account online, SMS, mobile phone app or other electronic means. You are also consenting to receive marketing communications about our products and services.

Please note, you are able to change your communications preferences at any time via your secure online login or by calling us on 13 13 36. However, you are unable to opt out of receiving communications which we are required to send you by law.

Your contact details will also be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy.

5 INCOME DISTRIBUTION

A nomination in this section overrides any previous nominations. Distributions will be reinvested unless otherwise stated. Cross (X) one box only.

How would you like your income distributions to be paid?

Reinvested in the option

Credit to my/our bank account

Make sure you also complete your bank account details in **Section 6**

I/we acknowledge that direct deposits not accepted by my/our bank, building society or credit union will be paid to me/us by cheque or reinvested as additional units.

6 BANK ACCOUNT DETAILS (BUYER)

You can only nominate a bank account that is held in the name(s) on this application. If you wish to nominate a bank account that is held in a different name(s), please complete the separate Direct Debit Request form available on our website. By providing your bank account details in this section, you authorise CFSIL to use these details for all future transaction requests that you nominate.

BANK ACCOUNT

The nominated bank account number below will be credited with distributions.

Name of Australian financial institution

Branch name

Branch number (BSB)

 -

Account number

Name of account holder

7 TRANSFER AND DECLARATION

Please note the existing regular investment/withdrawal plan on this account will be cancelled once the units are transferred to the Buyer (Transferree). If you wish to setup a new regular investment/withdrawal plan, you will have to complete a separate Additional and Regular Investment form/Regular Withdrawal Plan form available from our forms library at www.cfs.com.au/forms or by phoning Investor Services on 13 13 36.

Please select full or partial transfer. For partial transfer, please provide either dollar amount or units to be transferred below.

In consideration of the receipt by me/us, the Seller, of the sum of (amount in words) [if \$0 please insert this]

Transfer of full balance

OR

Partial transfer \$

OR

Number of units

Number of units (amount in words)

Name of fund(s)

I/We, the Seller, as the registered holder(s) of the above units ('Units'):

- transfer to the Buyer the Units held in my/our name(s) in the register of the above fund(s)
- agree that this transfer is subject to the same conditions on which I/we held them at the time of signing this transfer.
- declare that answers to all questions, declarations and all information supplied by you or on your behalf in relation to this application are true and correct
- will promptly advise Colonial First State Investments Limited (CFSIL) if any information supplied changes
- as an individual, certify that you are the named person or you are authorised to provide information on their behalf
- as an individual, are aware that information provided about you and your accounts may be provided to the relevant tax authorities
- as an entity, are authorised by, and have consent of, the entity and any beneficial owners to provide the information
- as an entity, and any beneficial owners are aware that information about them and the account may be provided to the tax authorities.

7 TRANSFER AND DECLARATION (CONTINUED)

I/We, the Buyer:

- agree to accept the above Units subject to the same terms and conditions as were applicable to the Seller and acknowledge being bound by the provisions of the constitution(s) of the fund(s).
- confirm that I/we have access to the current PDS and acknowledge I/we have access to all statements and information that are incorporated by reference, together referred to as 'the PDS'
- declare that answers to all questions, declarations and all information supplied by you or on your behalf in relation to this application are true and correct
- will promptly advise CFSIL if any information supplied changes
- as an individual, certify that you are the named person or you are authorised to provide information on their behalf
- as an individual, are aware that information provided about you and your accounts may be provided to the relevant tax authorities
- as an entity, are authorised by, and have consent of, the entity and any beneficial owners to provide the information
- as an entity, and any beneficial owners are aware that information about them and the account may be provided to the tax authorities
- The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal

information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare, social security) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au.

If this application is signed under an authority provided under a legally binding authority, such as a Power of Attorney or a Guardianship, the authority holder declares that he/she has not received notice of revocation of that power (a certified copy of the document should be submitted with this application unless we have already sighted it). The authority holder will also need to complete a 'Power of Attorney (POA) & Guardianship Order' form (to enable us to establish the identity of the authority holder) which can be obtained from our forms library at cfs.com.au/forms or by phoning Investor Services on 13 13 36.

Joint applicants must both sign.

Signature of Transferor/Seller 1

Print name

Date signed

Signature of Transferor/Seller 2

Print name

Date signed

Acknowledgment of the risk and return characteristics for each selected investment option.

Please cross the box below to accept the declaration and proceed with the application.

I understand and accept the stated minimum investment timeframe, and risk characteristics of my selected investment allocations, as specified in the table above.

For more information on the risk and return characteristics of each individual investment option, please refer to the Investment Options Menu available from cfs.com.au.

Acknowledgment of the risk and return characteristics for each selected investment option.

Please cross the box below to accept the declaration and proceed with the application.

I understand and accept the stated minimum investment timeframe, and risk characteristics of my selected investment allocations, as specified in the table above.

For more information on the risk and return characteristics of each individual investment option, please refer to the Investment Options Menu available from cfs.com.au.

Signature of Transferee/Buyer 1

Print name

Date signed

Signature of Transferee/Buyer 2

Print name

Date signed

Please send the completed form to:

Colonial First State, Reply Paid 27, Sydney NSW 2001 or
via the secure online system (e-Post) with FirstNet Investor and FirstNet Adviser

ADVISER USE ONLY

Adviser name

Two empty text input boxes for the adviser name.

Dealer/Adviser stamp (if applicable)

Contact phone number

Dealer ID

Adviser ID

Three empty text input boxes for contact phone number, Dealer ID, and Adviser ID.

Mandatory: I confirm that I have provided personal financial advice to my client, and that the advice is current in relation to this transaction. **Note:** If you select No, you must take reasonable steps to ensure the customer is in the Target Market. If the attestation is not completed, this may lead to a delay in processing the application.

Yes No

By providing your (adviser) details, you:

- have read and understood the requirements outlined in this form
• agree to be bound by the Licensee Terms, which govern our relationship with you
• certify that you are appropriately authorised to provide financial services in relation to the CFSIL account being established.

Where fees are deducted from a member's account and are paid to you or your dealer group, you:

- confirm these fees are agreed with the member in line with a fee arrangement they've entered into
• agree that where services are not provided, CFSIL reserves the right to clawback fees, including an amount for member compensation where applicable
• confirm that the fee arrangements are consistent with the information in any applicable opt-in renewal notice or fee disclosure statement given to the member

and you acknowledge that:

- to your knowledge, no part of the adviser service fee has been calculated on or by reference to any money borrowed after 1 July 2013, used or to be used by the member to invest in this product or any other financial product
• CFSIL has complete discretion to decline a request to pay adviser service fees, including in order to comply with its obligations under any applicable law.

Additional comments/instructions

A large empty rectangular box for additional comments or instructions.

ADVISER TRANSACTION AUTHORITY

I authorise the named adviser, and any person authorised by that adviser (authorised delegate) named in section 12 of this application form to act on my behalf on matters relating to my account/s, unless I inform CFSIL otherwise, either by ticking the box below or by advising CFSIL in writing. I have read and understood the important warning regarding my financial adviser including sections under Adviser Transaction Authority, and Role of your financial adviser in this PDS. I confirm and agree to the release of CFSIL from liability in relation to actions by my financial adviser as described in the PDS. Please note, this authority does not apply to Investment accounts with a margin loan.

Tick this box only if you do NOT wish for your nominated financial adviser to have transaction authority for this account.

I do NOT wish for Adviser Transaction Authority to be applied to this account.

OR

Apply Adviser Transaction Authority to the following accounts only (if for this account now being applied for, write 'this account')

Three rows of empty boxes for listing account numbers.

Transferee (buyer) Identification and Verification Form – individuals and sole traders

Full name of transferee (buyer)

All clients applying for a new FirstChoice Wholesale Investments account **must** complete the identification procedures (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws). This form is to assist with those procedures for individuals and sole traders. If you are making an application for a non-individual account (for example, a company or trust), you or your adviser will be required to complete different forms to establish your identity, which can be obtained from our forms library at www.cfs.com.au or by phoning Investor Services on **13 13 36**.

Financial advisers undertake identification and verification procedures by completing sections 1 to 2 of this form or by using other industry standard forms.

If you do not have a financial adviser, you are required to complete section 1 of this form and provide certified copies of the ID documents (do not send original documents). **Note:** For joint accounts, a separate form is required for each investor.

The list of the parties who can certify copies of the documents is set out below. To be correctly certified, we need the ID documents to be clearly noted 'True copy of the original document'. The party certifying the ID documents will also need to state what position they hold and sign and date the certified documents. If this certification does not appear, you may be asked to send in new certified documents.

List of persons who can certify documents¹ (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws):

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

SECTION 1: VERIFICATION PROCEDURE

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

Part 1 Acceptable primary photographic ID documents

Cross Select ONE valid option from this section only

Australian State/Territory driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding two years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

Foreign passport or similar travel document containing a photograph and the signature of the person²

Continued over the page...

1 There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at www.cfs.com.au
 2 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Part 2 Acceptable secondary ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Services Australia

Cross AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A Notice of Assessment issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document.*
- A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

Part 3 Acceptable foreign photographic ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section only

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth¹
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued¹

FINANCIAL ADVISER USE ONLY

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID documents

SECTION 2: RECORD OF VERIFICATION PROCEDURE

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Issue date	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)
Expiry date	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)
Document number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

IDENTIFICATION AND VERIFICATION CONDUCTED BY:

By completing and signing this Record of Verification Procedure, I declare that I have verified the identity of the customer as required by AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative.

AFS Licensee name	AFSL number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	
Representative/Employee name	Phone number
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
<input style="width: 100%;" type="text"/>	
Signature	Date verification completed
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/> (dd/mm/yyyy)

1 Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.