

TRANSFER FORM (Unit Holder)



EQUITRUST CAPITAL

This form is to transfer your investment from one investor to another. Transfers are processed according to the terms and conditions of the Constitution of the Equititrust Income Fund and the law.

1. Current Investor (Transferor/s) Details (Must be completed)

Full Name of Current Investor (Transferor/s)		
Client Number		
Investment Number	Number of units to be transferred	Transfer Date
Investment Number	Number of units to be transferred	Transfer Date
Investment Number	Number of units to be transferred	Transfer Date

2. New Investor (Transferee/s) Details (Must be completed)

By execution of this form, the transferee/s (purchaser/s) acknowledges and agrees to be bound by the terms and conditions of the relevant Product Disclosure Statement (PDS) and Constitution for the Equititrust Income Fund. The parties hereby request that the Responsible Entity of the Scheme register this transfer in the Scheme register as necessary to give effect to this transfer.

First Name/s	Surname
First Name/s	Surname
Company / Trust Name (If applicable)	
Existing Client No. (if applicable)	Existing Investment No. (if applicable)

3. Investors' Signature/s (must be completed)

- The transferor/s signature must be as per the current signing instructions we have on record. If you have not made any amendments, the current signatories for the account are the individuals who signed the initial investment application form.
- If signed under power of attorney, the attorney certifies that he or she has not received notice of revocation of the power of attorney. Please include the power of attorney (or a certified copy) with this form if it has not previously been provided to Equititrust.

Signature of Transferor No.1 (Seller)	X _____ Date ___ / ___ / ___	Signature of Transferor No.2 (Seller)	X _____ Date ___ / ___ / ___
Signature of Transferee No.1 (Buyer)	X _____ Date ___ / ___ / ___	Signature of Transferee No.2 (Buyer)	X _____ Date ___ / ___ / ___

Please return this form together with a Client Details Form, which has been completed by the transferee/s:

By Post:
 ECG Administration
 Reply Paid 8111
 GOLD COAST MC QLD 9726

By Email:
 info@equititrust.com.au

By Fax:
 +(617) 5527 5900

Office Use Only

Equititrust Limited AFSL No. 230 471 ARSN 089 079 854

Signature checked against PDS / POA

New Investment Number _____

Approved _____

Authorised _____

Date ___ / ___ / ___

Date ___ / ___ / ___