



CROMWELL
FUNDS MANAGEMENT

CROMWELL FUNDS MANAGEMENT **TRANSFER FORM**

Dated 25 June 2024
Issued by Cromwell Funds Management Limited
ABN 63 114 782 777
AFSL 333214

Transfer Form Information

Please read this important information on how to complete a Cromwell Transfer Form

The Transfer Form is to be used if you wish to transfer a Cromwell managed fund to another person or entity.

We do not accept copies or faxes. Return the original completed form to: Boardroom Pty Limited, GPO Box 3993, Sydney NSW 2001.

IMPORTANT: Transferee (Buyer) Information

Please ensure you read the PDS and TMD for the fund, as required by the Application Form.

FATCA/CRS

Cromwell is required to collect and report to the Australian Taxation Office (ATO) certain information about the tax residency of our unitholders. If you have not supplied Cromwell with your tax residency status previously, please do so by one of the following methods:

> Online via your registered InvestorServe Access -

Visit www.investorserve.com.au > My Details > FATCA-CRS Information

> **Email or Post a FATCA/CRS Form** - Call Cromwell's Investor Services Team on 1300 268 078 to obtain a copy of the Automatic Exchange of Information (AEOI) Form for you to complete and return.

Not providing this information to Cromwell may delay the processing of your transaction.

AML/CTF

If you have **NOT** invested in a Cromwell managed fund previously, please provide the following:

1. Transferee (Buyer) Information (Part 1);
2. Completed and signed Transfer Authorisation (Part 12); and
3. Relevant Cromwell Identification Form and attaching certified copies of identification documents.

Type of Entity	Forms to be completed
Individual / Joint Investors (each applicant must complete a form)	IDENTIFICATION FORM: Individual & Sole Traders Form
Australian Companies	IDENTIFICATION FORM: Australian Companies Form
Australian Regulated Trusts (including Self Managed Super Funds)	IDENTIFICATION FORM: Australian Regulated Trusts (including Self Managed Super Funds) Form
Unregulated Australian Trusts and Foreign Trusts (e.g. Family, Unit and Testamentary Trusts)	IDENTIFICATION FORM: Unregulated Australian Trusts and Foreign Trusts Form

Change of Trustees – Self Managed Super Funds

The following documents need to be provided with the Transfer Form

- Original certified copy of any/all Deeds of Amendment or Minutes of Meeting noting the change of trustees
- Cromwell Identification Form – Australian Regulated Trusts (including SMSFs)

For a change of trustee of an unregulated trust, please contact Cromwell's Investor Services Team on 1300 268 078.

Deceased Estates

The following documents need to be provided with the Transfer Form

- Original certified copy of Probate and attaching Will OR Letters of Administration;
- For each Executor or Administrator - Original certified copy of driver's licence (current) OR Passport (that has not expired more than 2 years ago);
- Section 1071B Statement Form (if the registered address of the holding is not Queensland).

If Probate **HAS NOT** been granted or you have any questions, please contact Cromwell's Investor Services Team on 1300 268 078.

Correct format of Registerable Titles

Only legal entities are allowed to hold units in the Fund. Transfer Forms must be in the name(s) of natural person(s), companies or other legal entities acceptable to the Fund. At least one full given name and the surname are required for each natural person. The name of the beneficiary or any other non-registerable name may be included by way of an account designation if completed exactly as described in the example of correct forms of registerable title shown below.

Type of Investor	Correct format of Registerable Name	Incorrect format
Individual		
Use given names, not initials	John Alfred Smith	J-A-Smith
Company		
Use company name, not abbreviations. Director(s) names must be completed within the Applicant(s) Details section	ABC Pty Ltd	ABC P/L or ABC Co
Trust		
Use trustee(s) names	Sue Smith	Sue Smith Family Trust
Use name of the trust in the account designator section	Sue Smith Family Trust	Sue Smith
Superannuation Funds		
Use name of trustee of fund	Jane Smith Pty Ltd	Jane Smith Super Fund
Use name of fund in the account designator section	Jane Smith Super Fund	Jane Smith Pty Ltd
Deceased Estates		
Use executor(s) names	Sue Lennon	Estate of the Late Jon Lennon
Use name of the deceased in the account designator section	Estate of the Late Jon Lennon	
A Minor (less than 18 years old)		
Use trustee(s) personal names	Sue Smith	Junior Smith
Use name of the minor in the account designator section	Junior Smith	Sue Smith

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Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.
Mark appropriate answer boxes with a tick (✓).

Any alterations made to this form MUST be initialled by both the Buyers(s) and the Seller(s). The use of correction fluid or tape renders the form invalid. Any increases to the holding amount being transferred is not acceptable, even if initialled.

PART 1

INVESTOR DETAILS

Transferee (Buyer) Information.

Has the person / entity investing in this Fund invested in a Cromwell managed fund previously?

Yes, investor number:

Investment name:

If there are no changes to any of your details go to Part 8

No. Go to Part 2 and attach identification documents

PART 2

APPLICANT(S) CONTACT DETAILS [MUST NOT BE ADVISER DETAILS]

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all administration correspondence.

Address

City State Postcode

Phone - After hours -

Mobile -

Email

By providing this email address, you agree to receive all communications, including transaction confirmations, statements, reports and other notifications required by the Corporations Act, by email. From time to time we may still need to send correspondence by post. Contact us if you would like to receive a hard copy of the annual report in the post.

Would you like to be advised of other offers from Cromwell? Yes No

How did you hear about the Fund?

PART 3

TAX INFORMATION

Tax File Number

Investor Name

Tax File Number

Investor Name

Individual and Joint Investors only

ABN Number

If exempt from providing a TFN and/or ABN, please provide the reason for exemption

PART 4

IDENTIFICATION FORMS

Please ensure you also provide the following documents, the relevant Cromwell Identification Form/s and attaching certified copies of identification documents.

Type of Entity	Forms to be completed
Individual / Joint Investors (each applicant must complete a form)	IDENTIFICATION FORM: Individual & Sole Traders Form
Australian Companies	IDENTIFICATION FORM: Australian Companies Form
Australian Regulated Trusts (including Self Managed Super Funds)	IDENTIFICATION FORM: Australian Regulated Trusts (including Self Managed Super Funds) Form
Unregulated Australian Trusts and Foreign Trusts (e.g. Family, Unit and Testamentary Trusts)	IDENTIFICATION FORM: Unregulated Australian Trusts and Foreign Trusts Form

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PART 5

DISTRIBUTION PAYMENTS

You are required to provide your bank account details for payment of distributions. We can only accept Australian bank account details. If no bank account details are provided, your distributions will be reinvested.

This account must be in the investors name. Payment to a third party is not permitted.

If you select Partial Participation in the distribution reinvestment please ensure you provide bank account details for the cash portion of your distribution.

Account Name

Financial Institution

BSB

Account Number

If you would like your distribution reinvested as additional units please select one of the following options:

Full Participation Partial Participation

Specify the number of securities or percentage you would like to participate

PART 6

ADDITIONAL INVESTMENT ENQUIRER

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Given name

Surname

Date of birth / / Company (if applicable)

PART 7

ADVISER DETAILS

Adviser given name

Adviser surname

Adviser company (if applicable)

Adviser Phone -

Adviser email

Dealer Group Name AFSL No:

PART 8

TRANSFER DETAILS

Cromwell managed fund name

Select one of the below options

Full investment amount; or

Quantity in dollars \$

Quantity in units

Please write the quantity of units or dollar amount in words

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PART 9 TRANSFEROR (“SELLER”) DETAILS

Investor reference number must be quoted

Investment name and account designator

Investor reference number

PART 10 TRANSFEREE (“BUYER”) DETAILS

If you have a current holding in a Cromwell Managed Fund, please provide us with your investor reference number.

Investment name and account designator

Investor reference number

If you have **NOT** invested in a Cromwell managed fund previously, please provide a relevant Cromwell Identification Form and attaching certified copies of identification documents referred to in Part 4.

PART 11 TRANSFEROR (“SELLER”) AUTHORISATION NOTE: THIS SECTION MUST BE SIGNED FOR THIS FORM TO BE PROCESSED

I/we the registered holder(s) and undersigned Transferor(s) do, for the above consideration, hereby transfer to the Transferee(s) the units specified above standing in my/our name(s) in the register of the above-named investment, subject to the conditions on which I/we held the same at the date on which this form is signed. I/we have not received any notice of revocation of the Power of Attorney (if any) by death of the grantor or otherwise, under which this transfer is signed (if applicable). I/we acknowledge that I/we have taken my/our own advice in relation to the transfer of the above units and that Cromwell Funds Management Limited has agreed to process the transfer in its capacity only as Responsible Entity of the relevant investment. Cromwell Funds Management Limited has neither set nor determined the value at which the units are to be transferred.

SIGNATURE A

Date

Name

SIGNATURE B

Date

Name

If a Company Officer or Trustee, you MUST specify your title:

Director Sole Director and Company Secretary

Trustee Other

If a Company Officer or Trustee, you MUST specify your title:

Director Company Secretary

Trustee Other

PART 12 TRANSFEREE (“BUYER”) AUTHORISATION NOTE: THIS SECTION MUST BE SIGNED FOR THIS FORM TO BE PROCESSED

I/we the undersigned Transferee(s) do hereby agree to accept the units specified above subject to the conditions on which the transferor(s) held the units at the date on which the form is signed. I/we have not received any notice of revocation of the Power of Attorney (if any) by death of the grantor or otherwise, under which this transfer is signed (if applicable). I/we acknowledge that I/we have taken my/our own advice in relation to the transfer of the above units and that Cromwell Funds Management Limited has agreed to process the transfer in its capacity only as Responsible Entity of the relevant investment. Cromwell Funds Management Limited has neither set nor determined the value at which the units are to be transferred. I/we acknowledge that by signing this form I/we have read the most recent Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the investment. I/we agree to be bound by the PDS and the investment’s Constitution and acknowledge that neither the Cromwell Property Group nor Cromwell Funds Management Limited nor any of their staff guarantee the performance of the investment or the repayment of capital. I/we further acknowledge that an investment is subject to investment risk including the possible loss of income and capital invested.

SIGNATURE A

Date

Name

SIGNATURE B

Date

Name

If a Company Officer or Trustee, you MUST specify your title:

Director Sole Director and Company Secretary

Trustee Other

If a Company Officer or Trustee, you MUST specify your title:

Director Company Secretary

Trustee Other