

## STOCK TRANSFER FORM UK COLLECTIVE INVESTMENT SCHEMES

*This form should be completed and signed, as necessary, and should be lodged with the Fund's Registrar.*

Name of Fund and Share Class			
ISIN (if known)			
Number of units or shares to be transferred. If the entire holding is to be transferred, insert "ALL".	Words:	Figures:	
Full name(s) of registered unit/share holder(s), address of first registered holder and account designation (if any).  If the transfer is not being made by the registered holder(s), insert also the name(s) and capacity (eg. Executor(s)), of the person(s) making the transfer.	1 <sup>st</sup> holder name and address:	2 <sup>nd</sup> holder name:	
		3 <sup>rd</sup> holder name:	
		4 <sup>th</sup> holder name:	
		Account designation:	
I/We hereby transfer the above units/shares out of the name(s) aforesaid to the person(s) named below and request that such entries be made in the register as are necessary to give effect to this transfer.  Signature(s) of transferor(s):		Stamp of the institution lodging this form (if any), for queries etc. concerning the transfer:	
1. ....			
2. ....			
3. ....			
4. ....			
Date: .....		All transferors must sign. Bodies corporate should execute under their common seal, or otherwise as determined by their Memorandum and Articles of Association	
Full name(s), date(s) of birth and full postal address(es) (including postcode) of the person(s) to whom the security is transferred*, and any account designation.  In each case please state title or salutation (eg. Mr., Mrs., Miss. etc.).  Note that only the 1 <sup>st</sup> holder's address will appear on the register of title.  *Please see "Customer Due Diligence For Anti-Money Laundering Purposes" overleaf.	1 <sup>st</sup> holder name and address:	2 <sup>nd</sup> holder name and address:	
	Date of Birth:	Date of Birth:	
	3 <sup>rd</sup> holder name and address:	4 <sup>th</sup> holder name and address:	
	Date of Birth:	Date of Birth:	
	Account designation:		

### IMPORTANT NOTE

**In addition to this Form, the Registrar may also require tax residency self-certification(s) in respect of each transferee before accepting the Form as a valid instrument of transfer.**

**Please confirm by ticking this box if the relevant self-certification(s) is/are attached:**

## CUSTOMER DUE DILIGENCE FOR ANTI-MONEY LAUNDERING PURPOSES

*This section does not apply where the transferee is a regulated financial institution or other entity that satisfies the criteria necessary to permit the Manager to apply "simplified" customer due diligence. In such cases, the Manager or Registrar may seek confirmation of the transferee's status and eligibility for these purposes.*

**BENEFICIAL OWNERSHIP AND CONTROL**

(a) If the transferee(s) is/are the individual beneficial owner(s), please state "TRANSFEREE" or "TRANSFEREES", as appropriate, in the first name space in the table below.

(b) If the transferee is a body corporate or a partnership, it must enter in the table below the names of any persons that own or control more than 25% of the voting rights in the body or partnership, or are entitled to more than 25% of its capital or profits, or otherwise exercise control over the management of the body or partnership\*.

(c) If the transferee(s) is/are acting as trustee(s) (or similar), they must enter in the table below the names of any further trustees or others that have control over the management of the trust or arrangement and any individuals that have an entitlement to at least 25% of the property of the trust or otherwise have control over the trust\*.

\* If no individual has a specified interest that exceeds the above limits, please state "NONE" in the first name space below and strike through the remainder of the table. In the case of entities and arrangements that are not established for the benefit of any specified individual(s), the table should be used to provide a description of the nature of those who will benefit from the entity or arrangement ("the class of beneficiary").

Name		Address:
Date of Birth		
Capacity**		
Name		Address:
Date of Birth		
Capacity**		
Name		Address:
Date of Birth		
Capacity**		
Name		Address:
Date of Birth		
Capacity**		

\*\* eg. trustee, partner, shareholder, beneficiary etc.

*Please complete the table in BLOCK CAPITALS. If there is insufficient space above to list all the relevant individuals, please tick here  and continue onto a separate sheet of paper, which should be stapled to this form.*

I/We hereby certify that the above is a complete list of the beneficial owners and controllers as described above and that they are known to me/one or more of us or, in the case of a class of beneficiary, that the description is appropriate and accurate.

To be signed by one or more of the transferees named overleaf, in whose names the units/shares will be registered.

Signature(s): 1 .....

2 .....

3 .....

4 .....

*In the event of doubt as to how to complete the table, please contact the Registrar. If the table and declaration above are not completed, the Manager or Registrar may need to contact the transferee(s) prior to registering the transfer in order to fulfil their obligations under UK money laundering and data protection legislation.*

**The Registrar may refuse to register the transfer or allow further disposal of the units/shares by the transferee(s) until such time as the above due diligence measures have been completed to the Manager's satisfaction.**