

# Transfer Form

This form relates to a Product Disclosure Statement dated 25 July 2022 (PDS) issued by The Trust Company (RE Services) Limited (ABN 45 003 278 831; AFSL 235 150) as responsible entity for the Atrium Evolution Series – Diversified Fund (ARSN 151 191 776).

**Use this form if you are an existing investor and wish to transfer units to another investor.**

Complete all sections in BLOCK letters using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

## 1. Instructions if you are transferring units to an existing investor.

If you are transferring units to an existing investor, the following needs to be completed:

- transferor needs to write their account number and account name as it appears on your latest statement;
- transferee needs to write their account number and account name in section 2 as it appears on your latest statement; and
- both the transferor and transferee need to sign this form as per the 'Signing instructions' in section 5.

## 2. Instructions if you are transferring units to a new investor.

If you are transferring units to a new investor, the transferor needs to complete the following:

- write their account number and account name as it appears on the latest statement; and
- sign this form as per the 'Signing instructions' in section 5.

The transferee needs to:

- write their name in section 4 of this form and then sign the form as per the 'Signing instructions' in section 5;
- complete the fund's application form;
- complete the relevant identification document accompanying the application form;
- arrange for copies of their identification documents to be certified; and
- complete the tax information form accompanying the application form.

## 3. Send your documents to us.

Before you submit your transfer form, please check that:

- both the transferor and transferee have signed the transfer form; and
- the transfer form and application form (if applicable), along with relevant identification form and documents and the tax information form (if applicable) are included.

Please post your **original signed** transfer form, **original** application and original tax information form (if applicable) and **original certified** copies of the relevant identification documents (if applicable) to us.

**Send by post:**

Atrium – Registry Services  
GPO Box 804  
Melbourne VIC 3001

## 1 Transfer details

Please indicate if you are making a full transfer or a partial transfer. If you are making a partial transfer, please specify the number of units or dollar amount you wish to transfer.

Fund name	APIR Code	Transfer amount AUD\$	Transfer option (indicate preference with an X)	
			Balance	Number of units
Atrium Evolution Series – Diversified Fund AEF 5 Units	COL0029AU			
Atrium Evolution Series – Diversified Fund AEF 7 Units	COL0030AU			
Atrium Evolution Series – Diversified Fund AEF 9 Units	COL0031AU			

No change of Beneficial Ownership

Minimum balances apply. Please refer to the Fund’s product disclosure statement.

## 2 Transferor/seller details

Investor number

Investor name

## 3 Transferee/buyer details – existing investors only

If you are transferring units to a new investor, please complete the details below.

Investor number

Investor name

## 4 Transferee/buyer – new investors

If you are transferring units to a new investor, please complete the details below. The following forms also need to be completed by the new investor and can be obtained from the product disclosure statement:

- application form;
- identification form; and
- tax information form.

### New investor details

Title Full given names

Surname

Company/Trust/Superannuation fund

## 5 Signing instructions

By completing and signing this form, you:

- authorise us to act according with the instructions on this form;
- acknowledge that the instructions on this form supersede all previous instructions received by us; and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form

### Who needs to sign this form

**Individual** – where the investment is in one name, the account holder must sign.

**Joint Holding** – where the investment is in more than one name, all of the account holders must sign.

**Companies** – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the *Corporations Act 2001* (Cth)) does not have a company secretary, a sole director can also sign alone. Otherwise, this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

### Transferor/seller

Signature of investor 1, director or authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Date (DD/MM/YYYY) / /

\_\_\_\_\_  
Date (DD/MM/YYYY) / /

\_\_\_\_\_  
Company officer (please indicate company capacity)

\_\_\_\_\_  
Company officer (please indicate company capacity)

Director

Director

Sole director and company secretary

Sole director and company secretary

Authorised signatory

Authorised signatory

### Transferee/buyer

Signature of investor 1, director or authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Date (DD/MM/YYYY) / /

\_\_\_\_\_  
Date (DD/MM/YYYY) / /

\_\_\_\_\_  
Company officer (please indicate company capacity)

\_\_\_\_\_  
Company officer (please indicate company capacity)

Director

Director

Sole director and company secretary

Sole director and company secretary

Authorised signatory

Authorised signatory