

Transfer Form

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 their latest statement
- 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
- 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
- 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
- the transfer form and application form (if applicable), along with relevant identification form and documents and the tax information form (if applicable) are included

You can return your form by email or post.

Scan and email to transactions@uethical.com

Please include your investor number in the subject line of your email.

Send by post: C\ - < U Ethical >
GPO Box 804
Melbourne VIC 3001
Australia

Client Service contact details

Phone: 1800 996 888 | Email: info@uethical.com

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	TRANSFER OPTION (indicate preference with an X)	
	Full Balance	Number of units
Wholesale		
U Ethical International Equities Trust - Wholesale	<input type="checkbox"/>	
U Ethical Australian Equities Trust - Wholesale	<input type="checkbox"/>	
U Ethical Growth Portfolio	<input type="checkbox"/>	
U Ethical Diversified Income Trust - Wholesale	<input type="checkbox"/>	
U Ethical Enhanced Income Trust - Wholesale	<input type="checkbox"/>	
U Ethical Cash Management Trust - Wholesale*	<input type="checkbox"/>	
Retail		
U Ethical Australian Equities Trust	<input type="checkbox"/>	
U Ethical Cash Management Trust*	<input type="checkbox"/>	

*These funds have an 11:00am cut off for same day processing. Minimum balances apply. Please refer to the Fund's product disclosure document.

2. Transferor / Seller details

Account number

Account name

3. Transferee / Buyer details - existing investors only

If you are transferring units to a new investor, please complete **section 4** below.

Account number

Account 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 document:

- application form
- identification form
- tax information form

New investor details

Title

Full given name

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 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) 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

Date (DD/MM/YYYY) / /

Please print full name

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

Date (DD/MM/YYYY) / /

Please print full name

Capacity

Director

Sole director and company secretary

Authorised signatory / Power of Attorney

Capacity

Director

Sole director and company secretary

Authorised signatory / Power of Attorney

Transferee/Buyer

Signature of investor 1, director/company secretary or authorised signatory

Date (DD/MM/YYYY) / /

Please print full name

Capacity

- | | |
|--|--------------------------|
| Director | <input type="checkbox"/> |
| Sole director and company secretary | <input type="checkbox"/> |
| Authorised signatory / Power of Attorney | <input type="checkbox"/> |

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

Date (DD/MM/YYYY) / /

Please print full name

Capacity

- | | |
|--|--------------------------|
| Director | <input type="checkbox"/> |
| Sole director and company secretary | <input type="checkbox"/> |
| Authorised signatory / Power of Attorney | <input type="checkbox"/> |