

MANAGED FUND TRANSFER INSTRUCTION FORM

Return completed original form to Powerwrap Limited PO Box 16071 Collins Street West VIC 8007

IMPORTANT: Please use BLOCK letters and black ink when completing this form. This request will be invalid if not signed and dated.

1. ACCOUNT INFORMATION
Investment Account Number
Superannuation or Pension Account Number
2. DETAILS OF WHERE MANAGED FUNDS ARE HELD
Current Wrap Provider
Account Number
Account Name
Street Address/PO Box
Suburb/Town/City State Postcode
Please transfer All Managed Funds to Powerwrap Limited; or Please Transfer the Following Funds to Powerwrap Limited
APIR Code Managed Fund Name Units
3. EXECUTION BY ACCOUNT HOLDERS
ACCOUNT HOLDER 1 TO SIGN HERE Date Company Seal
Name
Director Signature
I have Power of Attorney AFFIX
ACCOUNT HOLDER 2 TO SIGN HERE Date COMPANY SEAL
Name
Signature Secretary
I have Power of Attorney
If signing under Power of Attorney you verify that at the time of signing, you had not received notice of revocation of that Power of Attorney

In the event that a certified copy of the Power of Attorney has not been previously provided, you must submit this with the completed form.