

# OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

**Commonwealth Securities Limited**  
 ABN 60 067 254 399 AFSL 238814 (CommSec)  
 A Participant of the ASX Group and Chi-X Australia

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 Locked Bag 22 Australia Square NSW 1215  
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[commsec.com.au](http://commsec.com.au)

## IMPORTANT INFORMATION

## READ BEFORE PROCEEDING

The Off Market Transfer Form is to be used if you wish to transfer a holding of shares from one party to another without buying and selling on the market.

**We do not accept copies or faxes.** Return the completed form to: CommSec, Locked Bag 22, Australia Square NSW 1215.

It should be noted that if you are not a CommSec or a Commonwealth Bank customer, additional identification is required to meet the Government Anti-Money Laundering (AML) Requirement.

Any questions regarding the tax implications of an Off Market Transfer should be directed to an accountant or a professional investment adviser.

For general information on Off Market Transfers or assistance in completing the forms, please refer to the **Guidelines for completing an Off Market Transfer** on **pages 1-2** or contact our Client Service Officers on **13 15 19** between 8am and 7pm (Sydney time) Monday to Friday.

The following table outlines the types of Transfers that can be affected and the process - The original standard Transfer Form is required in our office for processing. Please ensure a copy for your records is made prior to submission.

SELLER	BUYER	PROCESS	COMMSEC CHARGES
Transfer from your CommSec CHESS Sponsored Account	Transfer to a CommSec CHESS Sponsored Account	<ol style="list-style-type: none"> <li>1. Read Guidelines (Pages 1-2)</li> <li>2. Complete Transfer Form (Page 14)</li> <li>3. Send original form to CommSec</li> </ol>	\$54.00 per transfer. GST Inclusive.
Transfer from your CommSec CHESS Sponsored Account	Transfer to an Issuer Sponsored Holding	<ol style="list-style-type: none"> <li>1. Read Guidelines (Pages 1-2)</li> <li>2. Complete Transfer Form (Page 14)</li> <li>3. Send original form to CommSec</li> </ol>	\$54.00 per transfer. GST Inclusive.
Transfer from your CommSec CHESS Sponsored Account	Transfer to another Broker's CHESS Sponsored Account	<ol style="list-style-type: none"> <li>1. Read Guidelines (Pages 1-2)</li> <li>2. Complete Transfer Form (Page 14)</li> <li>3. Send original form to CommSec or to the other broker where the stock is to be transferred to</li> </ol>	No Fee. The other Broker may charge you a fee.
Transfer your Issuer Sponsored Shares	Transfer to a CommSec CHESS Sponsored Account	<ol style="list-style-type: none"> <li>1. Read Guidelines (Pages 1-2)</li> <li>2. Seller must complete AML Requirements (page 3-13)</li> <li>3. Complete Transfer Form (Page 14)</li> <li>4. Send original form to CommSec</li> <li>5. A copy of your recent Issuer Sponsored Holding statement(s) for each security MUST be attached</li> </ol>	\$54.00 per transfer. GST Inclusive.
Transfer your Issuer Sponsored Shares	Transfer to an Issuer Sponsored Holding	<ol style="list-style-type: none"> <li>1. Contact the relevant Share Registry and confirm process applicable.</li> </ol>	CommSec is unable to process this transfer.
Transfer from another broker's CHESS Sponsored Account	Transfer to a CommSec CHESS Sponsored Account	<ol style="list-style-type: none"> <li>1. Read Guidelines (Pages 1-2)</li> <li>2. Complete Transfer Form (Page 14)</li> <li>3. Original form to CommSec or other broker</li> </ol>	\$54 per transfer. GST inclusive. The other broker may charge a fee.

## GUIDELINES FOR COMPLETING AN OFF MARKET TRANSFER

Each of the following points refers to a section of the Standard Off Market Transfer Form.

- 1. NAME OF COMPANY/ TRUST:** The full name of the company or trust in which the securities are held (e.g. Commonwealth Bank of Australia, Woolworths Limited, Reef Casino Trust, etc.)
- 2. FULL DESCRIPTION OF SECURITIES:** e.g. Fully Paid Ordinary 50 cent Shares, 9% Unsecured Convertible Notes, etc. This can be found on the certificate or statement.
- 3. QUANTITY:** Number of securities being transferred (in both words and figures).
- 4. FULL NAME OF SELLER:** The surname and given names of the seller. Deceased estates should read "(the full names of the executors) as Executors of the estate of (name of deceased shareholder)". For companies, insert the company legal name. For superannuation fund, family trust or minor, insert name of the entity or person as account designation. If the trustee is an individual, please insert the trustee surname and given names. If the trustee is a company, please insert the company legal name.
- 5. PARTICIPANT IDENTIFICATION NUMBER (PID):** Insert Participant Identification Number. This is the seller's sponsoring broker where security is held. (e.g. CommSec's PID is 01402).
- 6. FULL POSTAL ADDRESS OF SELLER:** Insert the full address including the postcode exactly as printed on seller's holding statement.

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

### GUIDELINES FOR COMPLETING AN OFF MARKET TRANSFER (CONTINUED)

- 7. SECURITYHOLDER REFERENCE NUMBER (SRN) or HOLDER IDENTIFICATION NUMBER (HIN):** This number can be found on the Issuer Holding statement or a CHESS Holding statement. For issuer sponsored and broker sponsored holdings (uncertificated), the seller's SRN or HIN must be quoted as confirmation of the seller's authority for the transfer to be registered. Failure to include the seller's SRN or HIN may result in the transfer being returned to you for clarification.  
If a SRN is quoted, a current Issuer Holding statement must be supplied.  
If you (the Seller) have a CommSec trading account, Commonwealth Bank account or Commonwealth Bank Credit Card in the same name as the Issuer Statement, you need to complete Section 1 of the AML Requirements (refer Page 3-4).  
If you (the Seller) do not have a CommSec trading account, Commonwealth Bank account or Commonwealth Bank Credit Card in the same name as the Issuer Statement, you need to complete the relevant Sections of the AML Requirements, (refer Page 4), depending on the type of seller..
- 8. COMMSEC ACCOUNT NUMBER:** Insert the CommSec account number where securities are currently held (where applicable). Please ensure that the registration details correspond to those registered under the CommSec number and HIN.
- 9. CONTACT DETAILS OF SELLER:** Insert your contact phone numbers including area code.
- 10. CONSIDERATION:** The full amount paid in settlement of the transfer of securities. You may set your own consideration. For capital gains tax purposes however, if you are not dealing at "arms length" the consideration will be deemed at a fair market value for the date of purchase (i.e. for this transaction, not the original purchase), regardless of the actual consideration you decide to set. Closing, or last prices are quoted in the daily newspapers. (Please note: If you are unsure whether you are dealing at "arms length", please seek independent financial advice).
- 11. DATE OF PURCHASE:** Insert date of purchase. This should be on or before the date in points 19 and 21. Please note that this is not the original date of the purchase, but the date of this transaction.
- 12. FULL NAME OF BUYER:** Full names of all buyers (a maximum of three joint holders). Securities can only be registered in the name of a living person or an incorporated company. For companies, insert the company legal name. Securities may not be registered in the name(s) of a firm or business name, an estate or deceased person, a fund or a trust, although these may be inserted as an account designation underneath the registered names. Some companies may also have restrictions on minors being registered (e.g. BHP and CBA). If the trust or superannuation fund trustee is an individual, please insert the trustee surname and given names. If the trustee is a company, please insert the company legal name.
- 13. FULL POSTAL ADDRESS OF BUYER:** Insert the full address including the postcode exactly as printed on your holding statement.
- 14. PARTICIPANT IDENTIFICATION NUMBER (PID):** Insert Participant Identification Number. This is the buyer's sponsoring broker where security will be held.
- 15. SECURITYHOLDER REFERENCE NUMBER (SRN) or HOLDER IDENTIFICATION NUMBER (HIN):** The buyer's SRN or HIN may be inserted, if known, so that any previous holdings may be amalgamated.
- 16. COMMSEC ACCOUNT NUMBER:** Insert the CommSec account number where securities are to be held (where applicable). Please ensure that the registration details correspond to those registered under the CommSec number and HIN.
- 17. CONTACT DETAILS OF BUYER:** Insert the buyers contact phone numbers including area code and your email address.
- 18. SELLERS SIGNATURE:**
  - a) Joint holders – all holders must sign.
  - b) Under Power of Attorney – if not already noted, a certified copy of the Power of Attorney must be sent with the transfer form to the share registry
  - c) Deceased Estate – all executors should sign and, if not already noted, a certified copy of Probate or Letters of Administration must be sent with the transfer form to the share registry.
  - d) Company - signatures of two directors (or a director and the secretary) or if there is a sole director, signature of that director.
- 19. DATE SIGNED:** Insert the date signed by the seller. This should be the same as or after the date of purchase.
- 20. BUYER SIGNATURE:** Same requirements as point 18.
- 21. DATE SIGNED:** Insert the date signed by the buyer. This should be the same as or after the date of purchase.
 

**Note 1.** These guidelines are information to assist completion of a security transfer form. Transfers or other documents must meet the requirements of the broker and/or company concerned, which may change. The information in the guidelines is accurate as at 1/11/10.

**Note 2.** All corrections and/or amendments need to be initialled by both the seller and buyer.

**Note 3.** The use of correction fluid or tape renders the form invalid, even if initialled.

**Note 4.** A **Client ID** is an 'umbrella' ID under which all of your CommSec accounts can be grouped together, with a single convenient login number. The **Client ID** is an 8-digit number that begins with a '5' and can be used to access your trading account/s as well as Commonwealth Direct Investment Accounts (CDIA) and any Margin Lending, Options and CFD accounts you have.

### AML REQUIREMENTS

To ensure we meet Australian Government Legislative requirements we are required by law to identify applicants who wish to transfer their Issuer Sponsored holdings.

Please complete –

**Section 1** if you **do** have a CommSec trading account, Commonwealth Bank account or a Commonwealth Bank Credit Card in the same name as the Issuer Statement.

**Section 2** if you **do not** have a CommSec trading account, Commonwealth Bank account or a Commonwealth Bank Credit Card in the same name as the Issuer Statement.

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## COMMSEC OR COMMONWEALTH BANK CUSTOMER

Complete the details below if you are the Seller of Issuer Sponsored holdings and you do have:

- CommSec Trading Account with Client ID;
- a Commonwealth Bank account; or
- a Commonwealth Bank Credit Card in the same name as the Issuer Statement

Please inform us how many of the sellers in this transaction are an existing CBA or CommSec client ☐

Depending on the type of seller the following information is required:

**Individuals & joint individuals** – for joint individuals, existing individual Commonwealth Bank/CommSec accounts for all parties are acceptable

**Trusts and Companies** – record the Commonwealth Bank/CommSec account details for the company or trust as well as the director or trustee that are operating on the account and are signing the standard transfer form

## CLIENT 1

CLIENT 1 NAME

## COMMSEC CLIENT ID

OR

CBA BANK ACCOUNT

BANK STATE BRANCH ACCOUNT NUMBER  
(BSB)

OR

CBA CREDIT CARD NUMBER

## CLIENT 2

CLIENT 2 NAME

## COMMSEC CLIENT ID

OR

CBA BANK ACCOUNT

BANK STATE BRANCH ACCOUNT NUMBER  
(BSB)

OR

CBA CREDIT CARD NUMBER

## CLIENT 3

CLIENT 3 NAME

## COMMSEC CLIENT ID

OR

CBA BANK ACCOUNT

BANK STATE BRANCH ACCOUNT NUMBER  
(BSB)

OR

CBA CREDIT CARD NUMBER

Please proceed to the Standard Transfer Form (Page 14)

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## NON COMMSEC OR COMMONWEALTH BANK CUSTOMER

Complete this section if you are the Seller of Issuer Sponsored holdings and you do not have:

- a CommSec Trading Account with Client ID;
- a Commonwealth Bank account; or
- a Commonwealth Bank Credit Card

in the same name as the Issuer Statement Depending on the type of seller the following information is required.

Please inform us how many of the sellers in this transaction are NOT existing CBA or CommSec Clients

Depending on the type of seller the following information is required:

- **Individuals** - an original **CERTIFIED** photocopy of a passport or an Australian drivers licence
- **Joint individuals** - an original **CERTIFIED** photocopy of a passport or an Australian drivers licence for each individual seller
- **Companies** - an original **CERTIFIED** photocopy of a passport or an Australian drivers licence of the directors that are signing the standard transfer form
- **Trusts** - an original **CERTIFIED** photocopy of a passport or an Australian drivers licence of the trustees that are signing the standard transfer and an original **CERTIFIED** photocopy of the front page of your Trust deed containing the trust name

You will also need to complete the relevant sections listed on the page, depending on the type of seller.

**ID certification instructions:**

for a complete list of acceptable IDs, persons allowed to certify identification documents and how to certify them, please refer to the Documentation Certification Instructions leaflet available at [https://www2.comsec.com.au/media/68016/formsolid\\_and\\_eligiblecertifiers.pdf](https://www2.comsec.com.au/media/68016/formsolid_and_eligiblecertifiers.pdf)

TYPE OF SELLER	SECTIONS THAT NEED TO BE COMPLETED
Individual and joint (includes Sole traders)	<b>Section 3</b> - Individual details
Company	<b>Section 3</b> - Directors details who are signing the standard transfer form <b>Section 4</b> - all domestic companies
Trusts with Individual Trustees	<b>Section 3</b> - Trustees that are signing the standard transfer form <b>Section 5</b> - all trusts <b>Section 6</b> - Trustee names and addresses <b>Section 8</b> - Beneficiaries Details
Trusts with Company Trustees	<b>Section 5</b> - all trusts <b>Section 8</b> - Trustee names and addresses <b>Section 7</b> - Go to 3 for the directors that are signing then standard transfer form and complete Section 4 <b>Section 8</b> - Beneficiaries Details

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## INDIVIDUAL DETAILS

**APPLICANT 1 / DIRECTOR 1 / TRUSTEE 1** (circle applicable category)

TITLE	SURNAME		
<input type="text"/>	<input type="text"/>		
GIVEN NAME		OTHER NAMES COMMONLY BY	
<input type="text"/>		<input type="text"/>	
GENDER	DATE OF BIRTH	PRIMARY TELEPHONE NUMBER	
<input type="text"/> M <input type="text"/> F	<input type="text"/> DD / MM / YYYY	<input type="text"/>	
RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)			
<input type="text"/>			
		STATE	POSTCODE
POSTAL ADDRESS (if different from above)			
<input type="text"/>			
		STATE	POSTCODE
ARE YOU A SOLE TRADER?	IF YES, PLEASE PROVIDE FURTHER DETAILS BELOW		
<input type="text"/> N <input type="text"/> Y	<input type="text"/>		
SOLE TRADERS TO PROVIDE A.B.N.		BUSINESS NAME (IF ANY)	
<input type="text"/>		<input type="text"/>	

**APPLICANT 2 / DIRECTOR 2 / TRUSTEE 2** (circle applicable category) (if applicable)

TITLE	SURNAME		
<input type="text"/>	<input type="text"/>		
GIVEN NAME		OTHER NAMES COMMONLY BY	
<input type="text"/>		<input type="text"/>	
GENDER	DATE OF BIRTH	PRIMARY TELEPHONE NUMBER	
<input type="text"/> M <input type="text"/> F	<input type="text"/> DD / MM / YYYY	<input type="text"/>	
RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)			
<input type="text"/>			
		STATE	POSTCODE
POSTAL ADDRESS (if different from above)			
<input type="text"/>			
		STATE	POSTCODE
ARE YOU A SOLE TRADER?	IF YES, PLEASE PROVIDE FURTHER DETAILS BELOW		
<input type="text"/> N <input type="text"/> Y	<input type="text"/>		
SOLE TRADERS TO PROVIDE BUSINESS NAME (IF ANY)		A.B.N.	
<input type="text"/>		<input type="text"/>	

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## INDIVIDUAL DETAILS (CONTINUED)

APPLICANT 3 / DIRECTOR 3 / TRUSTEE 3 (circle applicable category) (if applicable)

TITLE

SURNAME

GIVEN NAME

OTHER NAMES COMMONLY BY

GENDER

DATE OF BIRTH

PRIMARY TELEPHONE NUMBER

RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)

STATE

POSTCODE

POSTAL ADDRESS (if different from above)

STATE

POSTCODE

ARE YOU A SOLE TRADER?

IF YES, PLEASE PROVIDE FURTHER DETAILS BELOW

SOLE TRADERS TO PROVIDE  
BUSINESS NAME (IF ANY)

A.B.N.

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## COMPANY DETAILS

*If you are a Company Applicant, you must also complete Section 3 with Director 1 and/or Director 2 & 3 details*

COMPANY NAME

A.C.N

RESIDENTIAL ADDRESS (PO Box is not acceptable)

STATE

POSTCODE

PRINCIPLE PLACE OF BUSINESS (if same as registered office, write 'as above')

STATE

POSTCODE

RESIDENTIAL ADDRESS (PO Box is not acceptable)

STATE

POSTCODE

TYPE OF COMPANY (tick the box that is applicable)

☐

Domestic Proprietary

☐

Domestic Public

IS THE COMPANY OPERATING AS A CHARITY?

☐

YES

☐

NO

IF YES, PLEASE COMPLETE THE FOLLOWING QUESTION  
WHAT IS THE OBJECTIVE/PURPOSE OF THE CHARITY?

OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

COMPANY DETAILS (CONTINUED)

FOR PROPRIETARY COMPANY ONLY

Provide details of ALL individuals who are beneficial owners through one or more (direct or indirect) shareholdings of more than 25% of the company's issued capital.

SHAREHOLDER 1

TITLE

SURNAME

FULL GIVEN NAME

RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)

	STATE	POSTCODE
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SHAREHOLDER 2

TITLE

SURNAME

FULL GIVEN NAME

RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)

	STATE	POSTCODE
--	-------	----------

SHAREHOLDER 3

TITLE

SURNAME

FULL GIVEN NAME

RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)

	STATE	POSTCODE
--	-------	----------



## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## TRUST/SUPERANNUATION FUND DETAILS

**Individual(s) as trustees operating on the account:** you must also complete Section 3 with Trustee 1 and/or Trustee 2 or 3 details  
**Company as a trustee operating on the account:** you must also complete Section 3 with Director 1 and/or Director 2 or 3 details and Section 4 with your company details

TRUST NAME

A.B.N. (if applicable)

BUSINESS NAME (IF ANY) OF THE TRUSTEE OF THE TRUST

What types of trust is it?

☐

Super

☐

Deceased Estate

☐

Family

☐

Other

Is there a Trust Deed?

☐

Yes

☐

No

If 'yes', please provide an original **CERTIFIED** photocopy of the front page of the Trust Deed containing the trust name. For a list of eligible person who are allowed to certify documents refer to the Documentation Certification Instructions leaflet available at [https://www2.comsec.com.au/media/68016/formsofid\\_and\\_eligiblecertifiers.pdf](https://www2.comsec.com.au/media/68016/formsofid_and_eligiblecertifiers.pdf).

Is the trust operating as a charity?

☐

Yes

☐

No

IF YES, PLEASE COMPLETE THE FOLLOWING QUESTION  
WHAT IS THE OBJECTIVE/PURPOSE OF THE CHARITY?

Has the trust been established in Australia?

☐

Yes

☐

No

IF NO, PLEASE COMPLETE THE FOLLOWING 3 QUESTIONS  
COUNTRY WHERE THE TRUST WAS ESTABLISHED

OBJECTIVE OF THE TRUST

PURPOSE OF SEEKING THIS SERVICE WITH COMMSEC

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## TRUSTEE DETAILS

How many trustees are there?

For individuals and trustee companies please provide full name and address of each trustee.

**Note: All trustee names and addresses are required.**

For an Individual Trustee section 3 must be completed if you are to operate on the account.

For Company Trustee identification please complete section 4. In case of a Company Trustee, the Director(s)/Secretary operating on the accounts are required to be identified in accordance with individual requirements.

**TRUSTEE 1**

THE FULL NAME OF INDIVIDUAL OR COMPANY

RESIDENTIAL ADDRESS (PO Box is not acceptable)

STATE

POSTCODE

**TRUSTEE 2**

THE FULL NAME OF INDIVIDUAL OR COMPANY

RESIDENTIAL ADDRESS (PO Box is not acceptable)

STATE

POSTCODE

**TRUSTEE 3**

THE FULL NAME OF INDIVIDUAL OR COMPANY

RESIDENTIAL ADDRESS (PO Box is not acceptable)

STATE

POSTCODE

If there are more trustees, provide details on a separate sheet

## IDENTIFICATION OF TRUSTEE COMPANY (IF APPLICABLE)

If the Trustee is a company please also complete Section 4

## OFF MARKET TRANSFER FORM FOR NON - MARKET TRANSACTIONS

## BENEFICIARY DETAILS

Complete the full name of each beneficiary of the trust or the type of membership class  
The full name of each beneficiary or the type of membership class

**BENEFICIARIES**

TITLE

SURNAME

FULL GIVEN NAME

RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)

STATE

POSTCODE

TITLE

SURNAME

FULL GIVEN NAME

RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)

STATE

POSTCODE

TITLE

SURNAME

FULL GIVEN NAME

RESIDENTIAL ADDRESS (must be an Australian address not a PO Box)

STATE

POSTCODE

**MEMBERSHIP CLASSES**

Provide details of the membership class/es (eg. unit holders, family members of named person)

If there are more beneficiaries, provided details on a separate sheet.  
Please proceed to the Standard Transfer Form (Page 14)

## STANDARD TRANSFER FORM FOR NON-MARKET TRANSACTIONS

1. Full name of security / stock	COMMONWEALTH BANK OF AUSTRALIA		
2. Full Description of Securities	CLASS: FULLY PAID ORDINARY	If not fully paid, paid to:	
3. Quantity	WORDS: ONE THOUSAND FIVE HUNDRED AND FIFTY	FIGURES: 1,550	
4. Full Name(s) of Seller(s) [Transferor(s)]  PLEASE USE BLOCK LETTERS	Surname(s) / Company Name: CITIZEN ..... Mr/Mrs/Miss: MR ..... Given Name(s): JOHN ..... A/C Designation (if required) < ..... >		
5. Full Postal Address of Seller(s) [Transferor(s)]	123 SAMPLE STREET ..... SYDNEY ..... State NSW Postcode 2000		
6. PID 1402	7. SRN <input type="checkbox"/> or HIN <input checked="" type="checkbox"/> (please tick) Number: 123456789	8. Trading A/C 45679	
9. Contact Details (Seller)	Work number 02 9999 9999	Mobile number 0418 888 888	
If this is a transfer of issuer sponsored holdings, have you completed section 1 or section 2, as appropriate, of the AML requirements <input type="checkbox"/> (please tick)			
10. Consideration	\$A 112, 000.00		
11. Date of Purchase	26/09/2013		
12. Full Name(s) of Buyer(s) [Transferee(s)]  PLEASE USE BLOCK LETTERS	Surname(s) / Company Name: CITIZEN ..... Mr/Mrs/Miss: MR ..... Given Name(s): JOHN ..... A/C Designation (if required) < CITIZEN SUPER FUND A/C ..... >		
13. Full Postal Address of Buyer(s) [Transferee(s)]	123 SAMPLE STREET ..... SYDNEY ..... State NSW Postcode 2000		
14. PID 1402	15. SRN <input type="checkbox"/> or HIN <input checked="" type="checkbox"/> (please tick) Number: 234567890	16. Trading A/C 678901	
17. Contact Details (Buyer)	Work number 02 9999 9999	Mobile number 419 999 999	
<p>I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above named Company, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities subject to the same conditions.</p> <p>I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.</p> <p><b>Privacy statement</b> – CommSec is collecting your personal information in connection with your role as the buyer or the seller. For details of CommSec's privacy and information handling practices, including how you may access your information, seek correction of that information and how you may complain, please refer to our Privacy Policy which is available at <a href="http://www.commsec.com.au">www.commsec.com.au</a></p>			
18. Seller(s) [Transferor(s)] Sign Here ➡	<i>John Citizen</i> ..... ..... .....		<b>Company Use Only</b> <input type="checkbox"/> Sole Director <input type="checkbox"/> Director/Secretary <input type="checkbox"/> Director/Secretary <b>PLEASE TICK</b>
19. Date Signed (Seller)	26/09/2013		<b>Company Seal</b>
20. Buyer(s) [Transferee(s)] Sign Here ➡	<i>John Citizen</i> ..... ..... .....		
21. Date Signed (Buyer)	26/09/2013		
Any alterations made to this form MUST be initialled by both the Buyer(s) and the Seller(s). The use of correction fluid or tape renders the form invalid. Any increase to the amount of securities being transferred is not acceptable, even if initialled.			
Your payment options are • Direct Debit from the bank account nominated on your Trading A/C OR • Cheque (to be attached to form)			

## STANDARD TRANSFER FORM FOR NON-MARKET TRANSACTIONS

1. Full name of security / stock	TELSTRA CORPORATON LIMITED		
2. Full Description of Securities	CLASS: FULLY PAID ORDINARY	If not fully paid, paid to:	
3. Quantity	WORDS: TEN THOUSAND FIVE HUNDRED AND FIFTY	FIGURES: 10,550	
4. Full Name(s) of Seller(s) [Transferor(s)]  PLEASE USE BLOCK LETTERS	Surname(s) / Company Name: DOE Mr/Mrs/Miss: MR + MRS Given Name(s): JOHN + ANNE A/C Designation (if required) < >		
5. Full Postal Address of Seller(s) [Transferor(s)]	123 SAMPLE STREET SYDNEY State NSW Postcode 2000		
6. PID	7. SRN <input checked="" type="checkbox"/> or HIN <input type="checkbox"/> (please tick) Number: 4004321321	8. Trading A/C	
If this is a transfer of issuer sponsored holdings, have you completed section 1 or section 2, as appropriate, of the AML requirements <input checked="" type="checkbox"/> (please tick)			
9. Contact Details (Seller)	Work number 02 9999 9999	Mobile number 0418 888 888	
10. Consideration	\$A 53,000		
11. Date of Purchase	26/09/2013		
12. Full Name(s) of Buyer(s) [Transferee(s)]  PLEASE USE BLOCK LETTERS	Surname(s) / Company Name: J & J DOE PTY LTD Mr/Mrs/Miss: Given Name(s): A/C Designation (if required) < >		
13. Full Postal Address of Buyer(s) [Transferee(s)]	123 SAMPLE STREET SYDNEY State NSW Postcode 2000		
14. PID 1402	15. SRN <input type="checkbox"/> or HIN <input checked="" type="checkbox"/> (please tick) Number: 45678901	16. Trading A/C 23456	
17. Contact Details (Buyer)	Work number 02 8888 98888	Mobile number 418 888 888	
<p>I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above named Company, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities subject to the same conditions.</p> <p>I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.</p> <p><b>Privacy statement</b> – CommSec is collecting your personal information in connection with your role as the buyer or the seller. For details of CommSec's privacy and information handling practices, including how you may access your information, seek correction of that information and how you may complain, please refer to our Privacy Policy which is available at <a href="http://www.comsec.com.au">www.comsec.com.au</a></p>			
18. Seller(s) [Transferor(s)] Sign Here	Company Use Only <input type="checkbox"/> Sole Director <input type="checkbox"/> Director/Secretary <input type="checkbox"/> Director/Secretary PLEASE TICK		Company Seal
19. Date Signed (Seller)	26/09/2013		
20. Buyer(s) [Transferee(s)] Sign Here	<input type="checkbox"/> Sole Director <input checked="" type="checkbox"/> Director/Secretary <input checked="" type="checkbox"/> Director/Secretary PLEASE TICK		
21. Date Signed (Buyer)	26/09/2013		
Any alterations made to this form MUST be initialled by both the Buyer(s) and the Seller(s). The use of correction fluid or tape renders the form invalid. Any increase to the amount of securities being transferred is not acceptable, even if initialled.			
Your payment options are • Direct Debit from the bank account nominated on your Trading A/C OR • Cheque (to be attached to form)			

## STANDARD TRANSFER FORM FOR NON-MARKET TRANSACTIONS

1. Full name of security / stock			
2. Full Description of Securities	CLASS:	If not fully paid, paid to:	
3. Quantity	WORDS:	FIGURES:	
4. Full Name(s) of Seller(s) [Transferor(s)]  PLEASE USE BLOCK LETTERS	Surname(s) / Company Name: ..... Mr/Mrs/Miss: ..... Given Name(s): ..... A/C Designation (if required) < ..... >		
5. Full Postal Address of Seller(s) [Transferor(s)]	..... ..... State Postcode .....		
6. PID	7. SRN <input type="checkbox"/> or HIN <input type="checkbox"/> (please tick) Number:	8. Trading A/C	
If this is a transfer of issuer sponsored holdings, have you completed section 1 or section 2, as appropriate, of the AML requirements <input type="checkbox"/> (please tick)			
9. Contact Details (Seller)	Work number	Mobile number	
10. Consideration	\$A		
11. Date of Purchase	/ / 20		
12. Full Name(s) of Buyer(s) [Transferee(s)]  PLEASE USE BLOCK LETTERS	Surname(s) / Company Name: ..... Mr/Mrs/Miss: ..... Given Name(s): ..... A/C Designation (if required) < ..... >		
13. Full Postal Address of Buyer(s) [Transferee(s)]	..... ..... State Postcode .....		
14. PID	15. SRN <input type="checkbox"/> or HIN <input type="checkbox"/> (please tick) Number:	16. Trading A/C	
17. Contact Details (Buyer)	Work number	Mobile number	
I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above named Company, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed. <b>Privacy statement</b> – CommSec is collecting your personal information in connection with your role as the buyer or the seller. For details of CommSec's privacy and information handling practices, including how you may access your information, seek correction of that information and how you may complain, please refer to our Privacy Policy which is available at <a href="http://www.commsec.com.au">www.commsec.com.au</a>			
18. Seller(s) [Transferor(s)] Sign Here ➡	Company Use Only <input type="checkbox"/> Sole Director <input type="checkbox"/> Director/Secretary <input type="checkbox"/> Director/Secretary <b>PLEASE TICK</b> Company Seal		
19. Date Signed (Seller)	/ / 20		
20. Buyer(s) [Transferee(s)] Sign Here ➡	<input type="checkbox"/> Sole Director <input type="checkbox"/> Director/Secretary <input type="checkbox"/> Director/Secretary <b>PLEASE TICK</b>		
21. Date Signed (Buyer)	/ / 20		
Any alterations made to this form MUST be initialled by both the Buyer(s) and the Seller(s). The use of correction fluid or tape renders the form invalid. Any increase to the amount of securities being transferred is not acceptable, even if initialled.			
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