



FORM T15



TRIOLOGY
FUNDS

Transferee Information Form for Individual/Joint Investors

This Transferee Information Form accompanies the completed Transfer Form. It must be completed by the transferee(s)/buyer(s) (Transferee(s) named in the Transfer Form).

The form is to be used by Transferee(s) of units in a Trust or Fund who are individual(s). The information to be provided is for the purpose of the registration of the transfer and the identification of the Transferee(s).

The Transferee(s) take the units in the Fund or Trust described in the Transfer Form subject to, and agree to be bound by the provisions of, the Constitution governing the Fund or Trust.

Transfer process – 3 simple steps

STEP 1 : COMPLETE AND SIGN FORMS

Complete and sign this form and the Transfer Form, filling in all relevant sections in blue or black pen and using BLOCK letters. Print X in the appropriate boxes to indicate your response. Do not use whiteout on this form. If you need to correct a mistake cross out the section to be corrected and accompany it with your full signature.

STEP 2 : ATTACH DOCUMENTS

Attach any required documentation. Please note they must be certified copies. To obtain a list of certifiers please visit our website www.trilogyfunds.com.au/forms.

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* requires us to identify you and verify your identity. As a result, you will need to provide certified copies of relevant identification document(s) for us to verify your identity. The documentation required is specified in Part 8 of this Form.

STEP 3 : SEND YOUR FORMS

Post your forms to:

Trilogy Funds Management Limited
GPO Box 1648
Brisbane QLD 4001

Please contact us if you have any questions about the transfer process.

Phone Investor Relations on 1800 230 099 or email investorrelations@trilogyfunds.com.au





PART 2: Bank account details and distribution preference

Nominate a bank account into which your distributions are to be paid. If you are an overseas Investor please download an *Overseas bank details* form at www.trilogyfunds.com.au/forms or call Investor Relations on +61 7 3039 2828.

2A Bank account details

Financial institution name

Account name

BSB Account number

2B Distribution preference

Indicate your distribution preference below:

Pay my distribution to the account noted above **OR** Reinvest my distribution **(only if the Fund/Trust allows reinvestment.** Please contact Investor Relations on 1800 230 099 or email investorrelations@trilogyfunds.com.au if you are unsure).

PART 3: Operating authority

For joint accounts, when giving instructions to us about your investment, please indicate who has the authority to operate your account. *If no box is ticked we will assume all signatories must sign.*

Sole signatory to sign **OR** Either signatory to sign **OR**

Both signatories must sign **OR**

Other, please specify:





PART 4: Communication preferences

Indicate your communication preferences below. Should you wish to receive correspondence via email, please ensure you have provided your email address in Part 1. If you wish to receive distribution notifications via text message, please fill out your mobile number in Part 1. *If you do not indicate your preferences, you will continue to receive printed Investor communication via post. However, annual reports will only be available to you via our website unless you request otherwise.*

- **Investor communication** Receive by email **OR** Receive by post
- **Annual reports** Receive by email **OR** Receive by post
- **Distribution notifications via SMS** Yes **OR** No

PART 5: Adviser details

ONLY COMPLETE IF YOU WISH TO HAVE AN ADVISER ASSOCIATED WITH YOUR HOLDING.

Adviser details

If you have an overseas financial adviser please email investorrelations@trilogyfunds.com.au to confirm what details you will need to supply.

Licensee name

Business name

Adviser's full name

ABN AFSL or AR number

Street/PO Box

Suburb State

Postcode Country

Business phone ()

Email





PART 6: Declarations and acknowledgements

The units in the Fund or Trust as per the Transfer Form are issued by Trilogy Funds Management Limited ACN 080 383 679 Australian Financial Services Licence Number 261425 (or the previous responsible entity of the Fund or Trust).

By signing this Transferee Information Form in Part 7:

I/We declare that:

- All details in this form and any other information provided by me/us are complete and accurate.
- I/We agree to be bound by the provisions of the Constitution (as amended) governing the Fund or Trust.
- I/We acknowledge that all information provided or any subsequent information I/we give you relating to my/our investment may be disclosed to any service provider to the Fund or Trust and to my/our adviser. I/We understand that this authority will continue unless rescinded in writing by me/us.
- In the case of joint holdings, the joint Investors agree that unless otherwise expressly indicated on this form, the units will be held as joint tenants.
- If this form is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this form).
- I/We have all requisite power and authority to execute and perform the obligations under this form.
- Other than as disclosed in this form, no person or entity controlling, owning or otherwise holding an interest in me/us is a United States citizen or resident of the United States for taxation purposes (US Person).
- I/We will promptly notify Trilogy Funds of any change to the information I/we have previously provided to Trilogy Funds, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in me/us who is a US Person.
- I/We consent to Trilogy Funds disclosing any information it has in compliance with its obligations under the Inter-Governmental Agreement between the Government of Australia and the Government of the United States of America to Improve International Tax Compliance and to implement FATCA and any related Australian law and guidance implementing the same (together, the IGA). This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the US IRS.
- I/We acknowledge that the collection of my/our personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the IGA and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Otherwise, the collection of information is not required by law, but I/we acknowledge that if I/we do not provide personal information, Trilogy Funds may not allow me/us to hold units in the Fund or Trust.
- I/We are not aware and have no reason to suspect that the monies used to fund my/our investment in the Trust have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under any applicable law or regulations or otherwise prohibited under any international convention or agreement.
- I/We will provide Trilogy Funds with all additional information and assistance that Trilogy Funds may request in order for Trilogy Funds to comply with any AML/CTF Law and the IGA.
- I/We acknowledge that Trilogy Funds may decide to delay or refuse any request or transaction, including by suspending the issue or redemption of any investment in the Fund or Trust, if Trilogy Funds is concerned that the request or transaction may breach any obligation of, or cause Trilogy Funds to commit or participate in an offence, including under the IGA and any AML/CTF Law.

I/We acknowledge that:

- Investments in the Fund or Trust are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested.
- Trilogy Funds does not guarantee the repayment of capital or the performance of the Fund or Trust or any particular rate of return from the Fund or Trust.
- I/We agree to the collection, use and disclosure of my/our personal information as set out in Trilogy Funds' privacy policy (available on our website www.trilogyfunds.com.au/about/policies).
- I/We acknowledge that Trilogy Funds may deliver and make reports, statements and other communications available in electronic form, such as email or by posting on its website.





PART 7: Transferee signatures

I/We hold all necessary approvals I/we require to sign this form to hold units in the Fund or Trust. If this is a joint holding, the second transferee must also sign below.

Transferee 1

Given name(s)

Surname

Signature Date

Transferee 2

Given name(s)

Surname

Signature Date

PART 8: AML/CTF and ID requirements

The information below is required under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Source of Investment Funds

If you purchased the units, please identify the source of your investment assets or wealth:

- Gainful employment
- Inheritance/gift
- Superannuation savings
- Financial investments
- Business activity
- Other – please specify:

What is the purpose of this investment?

- Savings
- Growth
- Retirement
- Business Account
- Income





PART 8: (cont.)

AUSTRALIAN RESIDENTS COMPLETE THIS SECTION

There are 2 methods (complete either Option 1 or Option 2) that may be used to verify your identity via electronic means for AML/CTF purposes. Option 1 is the preferred option. Please note that it is a legal requirement that Trilogy Funds verifies your identity in order to provide financial services to you.

Option 1: PROVIDE DRIVER'S LICENCE OR PASSPORT DETAILS

Provide details of either your driver's licence or Australian passport below for an electronic verification.

Transferee 1

Driver's licence no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Card no. (NSW only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State of issue	<input type="text"/> <input type="text"/> <input type="text"/>
OR			
Australian passport no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Complete name at birth including middle name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Place of birth (as shown on passport)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Country of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Family name at citizenship (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Transferee 2 ONLY COMPLETE THIS SECTION IF THIS IS A JOINT HOLDING.

Driver's licence no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Card no. (NSW only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State of issue	<input type="text"/> <input type="text"/> <input type="text"/>
OR			
Australian passport no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Complete name at birth including middle name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Place of birth (as shown on passport)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Country of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Family name at citizenship	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Trilogy Funds will use a third party provider to confirm your identity for AML/CTF purposes. Please see Trilogy Funds' privacy policy on the website www.trilogyfunds.com.au/about/policies in relation to our use of your personal information.

IF YOU HAVE PROVIDED DETAILS IN OPTION 1 ABOVE THE FORM IS NOW COMPLETE.





PART 8: (cont.)

Option 2: PROVIDE CERTIFIED DOCUMENTS

Please indicate the certified documents you are providing by printing an X in the relevant box as you attach the document to this form. For each individual named in Part 1 of this form, you need to provide only one document. Documents must be certified copies, not original documents. To ensure your documents are correctly certified, please visit our website www.trilogyfunds.com.au/forms. Any document not in English must be accompanied by an English translation prepared by an accredited translator. Please ensure that the certified document contains both your full name and photograph.

Certified document	Applicant 1	Applicant 2
Australian driver's licence (both front and back) OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Australian passport (current or expired less than 2 years ago) OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of age card issued under a state or territory law OR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign passport (current or expired less than 2 years ago).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**IF YOU HAVE PROVIDED ONE CERTIFIED DOCUMENT ABOVE
THIS FORM IS NOW COMPLETE.**





PART 8: (cont.)

If you cannot supply any of the documents listed on the previous page you must provide one certified document from each category below. Indicate what you are attaching by printing an X in the relevant boxes.

Category A

Applicant 1

Applicant 2

Australian Birth Certificate **OR**



Australian Citizenship Certificate **OR**



Pension Card issued by Department of Human Services



AND

Category B

Applicant 1

Applicant 2

Notice from the Australian Taxation Office that shows your name and residential address (issued within the preceding 12 months) **OR**



Notice from Commonwealth or State or Territory Government outlining financial benefits that shows your name and residential address (issued within the preceding 12 months) **OR**



Document from local government body or utilities provider that shows your name and residential address (issued within the preceding 3 months).



IF YOU HAVE PROVIDED ONE CERTIFIED DOCUMENT FROM EACH CATEGORY ABOVE THIS FORM IS NOW COMPLETE.

NON-AUSTRALIAN RESIDENTS COMPLETE THIS SECTION

For each individual named in Part 1 of this Application Form, you need to provide one or two document(s) as applicable from the following list. Please ensure that the certified document contains both your full name and photograph.

Supply either:

Applicant 1

Applicant 2

Foreign passport or similar travel document containing your signature and photograph



OR

Foreign driver's licence that contains your photograph and date of birth **AND**



National identity card issued by a foreign government containing your signature and photograph.



IF YOU HAVE PROVIDED ONE OR TWO CERTIFIED DOCUMENT(S) ABOVE THIS FORM IS NOW COMPLETE.

END OF FORM



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