



# Transferee Information Form for Superannuation Funds/Trusts

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 superannuation funds or trusts. 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 – 4 simple steps

### STEP 1 : COMPLETE AND SIGN FORMS

Complete 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](http://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

### STEP 4 : FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) INFORMATION

Are any of the below a US citizen or resident of the US?

- Beneficial owners
- Beneficiaries
- Trustees (not including self managed super funds)

**Yes** → Please complete the FATCA Self Certification Declaration in addition to this application. The declaration is available at <http://www.trilogyfunds.com.au/forms> or call 1800 230 099 and request a copy.

**No** → Complete this form.

**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](mailto:investorrelations@trilogyfunds.com.au)



# PART 1: Entity details

Indicate what type of entity is investing:

Superannuation Fund

Trust

## 1A : SUPERANNUATION FUND/TRUST DETAILS

Full name

ABN

Tax File Number (TFN)

## 1B : SUPERANNUATION FUND/TRUST BENEFICIARY DETAILS

**Provide details of the Superannuation Fund/Trust beneficiaries.**

*Please note: If beneficiaries are identified by reference to a class please provide the details of the class.*

### BENEFICIARY 1

Title

Given name(s)

Surname

Details of class *(if any)*

Date of Birth

### Residential address

Street

Suburb

State

Postcode

Country

### POLITICALLY EXPOSED PERSON (PEP)

Is this beneficiary a PEP? If you are unsure of this definition, please contact Investor Relations on 1800 230 099 or email [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au).

**Yes**



Please provide: Name

Description of PEP's position

**No**





## BENEFICIARY 2

Title Given name(s)

Surname

Details of class *(if any)*

Date of Birth

### Residential address

Street

Suburb

State

Postcode

Country

### POLITICALLY EXPOSED PERSON (PEP)

Is this beneficiary a PEP? If you are unsure of this definition, please contact Investor Relations on 1800 230 099 or email [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au).

**Yes**



Please provide: Name

Description of PEP's position

**No**

If the Superannuation Fund/Trust has more than two beneficiaries please download an Additional beneficiary form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

### Indicate the type of trustee for your Superannuation Fund/Trust

Individual Trustee(s) → **Proceed to Part 1C**

Corporate Trustee → **Proceed to Part 1D**

## 1C : INDIVIDUAL TRUSTEE(S)

### TRUSTEE 1

Title Given name(s)

Surname

Date of Birth

### Residential address *(The address provided below must be the residence of the Trustee)*

Street

Suburb

State

Postcode

Country

### Mailing address

Please indicate if your mailing address is the same as your residential address: **OR** complete this section.

Street/PO Box

Suburb

State

Postcode

Country



**Contact phone number(s) and email** (Please supply at least one contact phone number and an email address)

Home Business

Mobile Fax

Email

**IF THE TRUST ONLY HAS ONE TRANSFEREE, PROCEED TO PART 2**

**TRUSTEE 2**

Title Given name(s)

Surname

Date of Birth

**If your residential address/ mailing address and contact details are the same as Trustee 1 indicate here:** → **Proceed to Part 2**

**Residential address** (The address provided below must be the residence of the Trustee)

Street

Suburb State

Postcode Country

**Mailing address**

Please indicate if your mailing address is the same as your residential address: **OR** complete this section.

Street/PO Box

Suburb State

Postcode Country

**Contact phone number(s) and email** (Please supply at least one contact phone number and an email address)

Home Business

Mobile Fax

Email

If there are more than two Individual Trustees please download an Additional trustee form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

**POLITICALLY EXPOSED PERSON (PEP)**

Is any Transferee a PEP? If you are unsure of this definition, please contact Investor Relations on 1800 230 099 or email [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au).

**Yes** → Please provide: Name

Description of PEP's position

**No**





## 1D : CORPORATE TRUSTEE

### Company details

Full name (as registered with ASIC  
for Australian Trustees)

Australian Company Number (ACN)

Australian Business Number (ABN)

### Registered office address *(The address supplied below must not be a PO Box)*

Street

Suburb

State

Postcode

Country

### Principal place of business *(The address supplied below must not be a PO Box)*

Please indicate if the principal place of business is the same as the registered office address:

**OR** complete this section.

Street

Suburb

State

Postcode

Country

### Mailing address

Please indicate if the mailing address is the same as the registered office address:

**OR** if the mailing address is the same as the principal place of business address:

**OR** complete this section.

Street/PO Box

Suburb

State

Postcode

Country

### Contact phone number(s) and email *(Please supply at least one contact phone number and an email address)*

Home

Business

Mobile

Fax

Email

### DIRECTOR 1 *(Please note Directors' names are only required for proprietary companies)*

Title

Given name(s)

Surname

Mobile

Fax

Phone

Email



**DIRECTOR 2**

Title Given name(s)

Surname

Mobile

Fax

Phone

Email

If there are more than two Directors please download an Additional director form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

**Provide details of all individuals who are beneficial owners of the proprietary company through one or more shareholdings of more than 25% of the company's issued capital. If you are unsure of this definition, please contact Investor Relations on 1800 230 099 or email [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au).**

**BENEFICIAL OWNER 1**

Title Given name(s)

Surname

**Residential address**

Street

Suburb

State

Postcode

Country

**BENEFICIAL OWNER 2**

Title Given name(s)

Surname

**Residential address**

Street

Suburb

State

Postcode

Country

If there are more than two beneficial owners please download an Additional beneficial owner form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

**POLITICALLY EXPOSED PERSON (PEP)**

Is any director or beneficial owner a PEP? If you are unsure of this definition, please contact Investor Relations on 1800 230 099 or email [investorrelations@trilogyfunds.com.au](mailto:investorrelations@trilogyfunds.com.au).

**Yes**



Please provide: Name

Description of PEP's position

**No**



## PART 2: Bank account details and distribution preference

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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](http://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](mailto:investorrelations@trilogyfunds.com.au) if you are unsure).

## PART 3: Operating authority

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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

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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.*

- |  |   |    |  |
|--|---|----|--|
| <input type="checkbox"/> <b>Investor communication</b>             | <input type="checkbox"/> Receive by email | OR | <input type="checkbox"/> Receive by post |
| <input type="checkbox"/> <b>Annual reports</b>                     | <input type="checkbox"/> Receive by email | OR | <input type="checkbox"/> Receive by post |
| <input type="checkbox"/> <b>Distribution notifications via SMS</b> | <input type="checkbox"/> Yes              | OR | <input type="checkbox"/> 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](mailto: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 units, 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 and 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 AML/CTF 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 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](http://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 make the investment and hold units in the Fund or Trust.

## Trustee / Director 1

Given name(s)

Surname

Signature

Date

## Trustee / Director 2

Given name(s)

Surname

Signature

Date

If there are more than two Trustees/Directors please download an Additional trustee form at [www.trilogyfunds.com.au/forms](http://www.trilogyfunds.com.au/forms) or call Investor Relations on 1800 230 099.

# 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:

Inheritance/gift

Superannuation savings

Financial investments

Business activity

Other → Please specify:

## What is the purpose of this investment?

Savings

Growth

Retirement

Business Account

Income

## Please complete the relevant sections below to finalise this form.

Any required documents must be certified copies, not original documents. To ensure your documents are correctly certified, please refer to Section 9.3 of the PDS. Any document not in English must be accompanied by an English translation prepared by an accredited translator.

### SUPERANNUATION FUNDS

Indicate which document you will supply:

#### Option 1

ABN provided in Part 1A **OR**

#### Option 2

Trust Deed or extract showing the name of the Trust attached to this application.

### TRUSTS

Indicate which document you will supply:

#### Option 1

Trust Deed or extract showing the name of the Trust **OR**

#### Option 2

A letter from a solicitor or qualified accountant that confirms the name of the Trust **OR**

#### Option 3

A notice issued by the Australian Taxation Office within the last 12 months (e.g. Notice of Assessment).

**IF YOU HAVE INDICATED THE DOCUMENTS YOU WILL PROVIDE FOR EACH TRUSTEE ABOVE:**

**INDIVIDUAL TRUSTEES → PROCEED TO PART 8A**  
**CORPORATE TRUSTEES → PROCEED TO PART 8B**

## 8A: INDIVIDUAL TRANSFEREE(S)

There are two methods (complete either Option 1 or Option 2) that may be used to verify your identity for AML/CTF purposes. 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. Expiry date

Card no. (NSW only) State of Issue

#### OR

Australian passport no. Expiry date

Complete name at birth  
including middle name

Place of birth (as shown on passport)

Country of birth

Family name at citizenship

#### Transferee 2

Driver's licence no. Expiry date

Card no. (NSW only) State of Issue

#### OR

Australian passport no. Expiry date

Complete name at birth  
including middle name

Place of birth (as shown on passport)

Country of birth

Family name at citizenship (if applicable)

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](http://www.trilogyfunds.com.au/about/policies) in relation to our use of your personal information.

**IF YOU HAVE PROVIDED DETAILS IN OPTION 1 ABOVE PLEASE PROCEED TO PART 8C.**

**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 Transferee 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](http://www.trilogyfunds.com.au/forms). Any documents 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**

**Trustee 1**

**Trustee 2**

Australian driver's licence (both front and back) **OR**

Australian passport (current or expired less than 2 years ago) **OR**

Proof of age card issued under a state or territory law **OR**

Foreign passport (current or expired less than 2 years ago).

**IF YOU HAVE PROVIDED ONE CERTIFIED DOCUMENT FOR EACH TRANSFEREE ABOVE  
PLEASE PROCEED TO PART 8C.**

**If you cannot supply any of the documents listed above 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**

**Trustee 1**

**Trustee 2**

Australian Birth Certificate **OR**

Australian Citizenship Certificate **OR**

Pension Card issued by Department of Human Services

**AND**

**Category B**

**Trustee 1**

**Trustee 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  
PLEASE PROCEED TO PART 8C.**

## 8B: CORPORATE TRANSFEREE(S)

Please indicate which requirement you will satisfy:

ACN and/or ABN provided in Part 1D

OR

Certificate of registration issued by ASIC supplied.

## 8C : INDIVIDUAL BENEFICIARY(S)

There are two methods (complete either Option 1 or Option 2) that may be used to verify your identity for AML/CTF purposes. 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.

Expiry date

Card no. (NSW only)

State of Issue

OR

Australian passport no.

Expiry date

Complete name at birth  
including middle name

Place of birth

Country of birth

#### Transferee 2

Driver's licence no.

Expiry date

Card no. (NSW only)

State of Issue

OR

Australian passport no.

Expiry date

Complete name at birth  
including middle name

Place of birth

Country of birth

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](http://www.trilogyfunds.com.au/about/policies) in relation to our use of your personal information.

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

## 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 your application. For each Transferee 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](http://www.trilogyfunds.com.au/forms). Any documents 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

Beneficiary 1 Beneficiary 2

Australian driver's licence (both front and back) **OR**

Australian passport (current or expired less than 2 years ago) **OR**

Proof of age card issued under a state or territory law **OR**

Foreign passport (current or expired less than 2 years ago).

**IF YOU HAVE PROVIDED ONE CERTIFIED DOCUMENT FOR EACH BENEFICIARY  
ABOVE THE FORM IS NOW COMPLETE.**

If you cannot supply any of the documents listed above 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

Beneficiary 1 Beneficiary 2

Australian Birth Certificate **OR**

Australian Citizenship Certificate **OR**

Pension Card issued by Department of Human Services

**AND**

### Category B

Beneficiary 1 Beneficiary 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.**

# END OF FORM