

Transfer Form

Issued by Australian Ethical Investment Ltd (ABN 47 003 188 930) is the responsible entity of the Fund (AEI, we, us) and holder of an Australian Financial Services Licence (No. 229949)

This is general information only and does not take account of your individual investment objectives, financial situation or needs. Before acting on it, consider its appropriateness to your circumstances and read the Product Disclosure Statement (PDS) available on our website for information on the benefits and risks of the Fund(s). You should consider seeking advice from an authorised financial adviser before making an investment decision.

Use this form if you are an existing investor and wish to transfer units to another investor.

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid, cross out your mistake and initial your changes.

HOW TO COMPLETE THIS FORM

Step 1 Instructions 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 your latest statement
- both the transferor and transferee need to sign this form as per the 'Signing instructions' in **section 5**

Step 2 Instructions 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
- signed the form as per the 'Signing instructions' in **section 5**

The transferee needs to:

- write their 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 and
- complete the tax information form accompanying the application form

Step 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

Please post your **original signed** transfer form, **original application** and **original tax information** form (if applicable) and **original certified** copies of the relevant identification documents (if applicable) to us.

Send by post:

C\-Altius
GPO Box 804
Melbourne VIC 3001
Australia

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 you wish to transfer.

Fund Name	APIR	Transfer Option (Complete ONE of the columns below)	
		Full Transfer (Mark with an X)	Partial Transfer (Enter number of units)
Altius Sustainable Short Term Income Fund – Ordinary	AUS0079AU	<input type="checkbox"/>	<input type="text"/>
Altius Sustainable Short Term Income Fund – Retail	AUS1392AU	<input type="checkbox"/>	<input type="text"/>
Wholesale Cash Fund	WCF0001AU	<input type="checkbox"/>	<input type="text"/>
Altius Green Bond Fund - Ordinary	AUS0084AU	<input type="checkbox"/>	<input type="text"/>
Altius Green Bond Fund - Retail	AUS9041AU	<input type="checkbox"/>	<input type="text"/>
Altius Sustainable Bond Fund	AUS0071AU	<input type="checkbox"/>	<input type="text"/>

No Change of Beneficial Ownership

Minimum balances apply. Please refer to the Fund's Product Disclosure Statement (PDS).

2. TRANSFEROR/SELLER DETAILS

Account number

Investor name

3. TRANSFEREE/BUYER DETAILS - EXISTING INVESTORS ONLY

If you are transferring units to a new investor, please complete Section 4.

Account number

Investor name

4. TRANSFEREE/BUYER - NEW INVESTORS

If you are transferring units to a new investor, please complete the details below.

Title Full given name(s)

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 of the 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

Signature

Please print full name

Date (DD/MM/YY) / /

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

Signature

Please print full name

Date (DD/MM/YY) / /

Company officer (please indicate company capacity)		Company officer (please indicate company capacity)	
Director	<input type="checkbox"/>	Director	<input type="checkbox"/>
Sole Director and Company Secretary	<input type="checkbox"/>	Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>	Authorised Representative	<input type="checkbox"/>

TRANSFEEE/BUYER

Signature of investor 1, director or authorised signatory

Signature

Please print full name

Date (DD/MM/YY) / /

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

Signature

Please print full name

Date (DD/MM/YY) / /

Company officer (please indicate company capacity)	
Director	<input type="checkbox"/>
Sole Director and Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>

Company officer (please indicate company capacity)	
Director	<input type="checkbox"/>
Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>