

Transfer of Investment



La Trobe Australian Mortgage Fund ARSN 088 178 321

Name of investor(s) who currently hold the investments

Assignor(s)

Investor no: _____

Reason for transfer

Date of transfer: _____

Details of investor(s) receiving investment

Assignee(s)

Full Name _____
Investor no. _____
Postal Address _____
State _____ Postcode _____
Telephone _____ Email _____

Assignee(s) will need to complete Product Disclosure Statement application form if not already a member of the Fund.

Mortgages and securities to be transferred

Important Note: Investments held in direct mortgages that are in default cannot be transferred until the default is rectified.
The above named Assignor(s) hereby transfer(s) the following mortgages, securities and investments to the Assignee(s):

Mortgage/investment name	Security address	Amount Held
1	•	\$
2	•	\$
3	•	\$
4	•	\$
5	•	\$
6	•	\$
Total amounts held in mortgages:		\$
Amounts held in Cash & Mortgages option (if transferring):		\$
Amounts held in Pooled Mortgages option (if transferring):		\$
Total amount transferable:		\$

This Transfer of investment form is to be read in conjunction with the Product Disclosure Statement for the La Trobe Australian Mortgage Fund current at the date of signing this form. La Trobe Financial Asset Management Limited is the responsible entity and holder of Australian Financial Services Licence (No. 222213).

La Trobe Financial Services • Level 25 • 333 Collins Street • Melbourne • VIC 3000 • T: 1800 818 818 • w: latrobefinancial.com.au

Signatures

I/We the registered investors and undersigned assignor(s) do hereby transfer to the Assignee, the investments as specified, from my/our name(s) in the fund, subject to the same terms & conditions.

Signature of <input type="checkbox"/> Individual <input type="checkbox"/> Director <input type="checkbox"/> Secretary _____ Signature _____ Full name _____ Date	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> Place common seal here if required do not sign </div>	Signature of <input type="checkbox"/> Individual <input type="checkbox"/> Director <input type="checkbox"/> Secretary _____ Signature _____ Full name _____ Date
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I/We the Assignee(s) do hereby agree to accept the said investments subject to the same terms & conditions.

Signature of <input type="checkbox"/> Individual <input type="checkbox"/> Director <input type="checkbox"/> Secretary _____ Signature _____ Full name _____ Date	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> Place common seal here if required do not sign </div>	Signature of <input type="checkbox"/> Individual <input type="checkbox"/> Director <input type="checkbox"/> Secretary _____ Signature _____ Full name _____ Date
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Return completed, signed form to

The Manager, Investor Services
 La Trobe Financial Services
 GPO Box 2289
 Melbourne VIC 3001

Fax: (03) 8610 2850

Enquiries

Email: investor@latrobefinancial.com.au
 Toll Free: 1800 818 818

Data Entered By:	Authorised By:	Date Processed
Office Use Only		