

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

Transfer From

Name of investor(s) who currently hold the investments in the La Trobe Australian Credit Fund (**Fund**)

Investor number

Date of transfer

Do you wish to close this account? Yes No

If closing account, your final payment of investment returns is usually made within 14 days of the end of the month

Transfer To

Name of investor(s) receiving investment

Investor number

Transferee(s) will need to complete Product Disclosure Statement Application Form and consumer questionnaire if not already a member of the Fund.

Investments to Be Transferred

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

Account		Amount Held	Include Re-invested Interest
Classic Notice Account		\$ _____	
90 Day Notice Account		\$ _____	<input type="checkbox"/>
6 Month Notice Account		\$ _____	<input type="checkbox"/>
12 Month Investment Account	Maturity date _____	\$ _____	<input type="checkbox"/>
2 Year Investment Account	Maturity date _____	\$ _____	<input type="checkbox"/>
4 Year Investment Account	Maturity date _____	\$ _____	
Select Investment Account name	Security address (if applicable)		
1. _____	_____	\$ _____	
2. _____	_____	\$ _____	
3. _____	_____	\$ _____	
4. _____	_____	\$ _____	
5. _____	_____	\$ _____	
6. _____	_____	\$ _____	
7. _____	_____	\$ _____	
		Total amount transferable	\$ _____

This Transfer of Investment form is to be read in conjunction with the Product Disclosure Statement for the La Trobe Australian Credit 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).

Signatures

I/We the registered investor(s) and undersigned Transferor(s) do hereby transfer to the Transferee, the investments as specified, from my/our name(s) in the Fund, subject to the same terms & conditions.

Signature of: Individual Director Secretary

Place common seal here if required

Signature of: Individual Director Secretary

Signature

Signature

Full name

Full name

Date

do not sign

Date

RETURN COMPLETED, SIGNED FORM TO:

La Trobe Financial
GPO Box 2289
Melbourne Victoria 3001 Australia

OR

investor@latrobefinancial.com.au

ENQUIRIES:

For all enquiries please email: **investor@latrobefinancial.com.au**
Toll Free: **1800 818 818**