

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

Reason for transfer

Date of transfer

Do you wish to close this account? ☐ Yes ☐ No

If closing account, final interest owing will be credited to you within the first five (5) days of the following month.

TRANSFER TO

Name of investor(s) receiving investment

Investor number

Transferee(s) will need to complete Product Disclosure Statement application form 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):

Select Investment Account name	Security address (if applicable)	Amount Held
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
Total amounts held Select Investment Accounts		\$
Amounts held Classic Notice Account (if transferring)		\$
Amounts held 90 Day Notice Account (if transferring)		\$
Amounts held 6 Month Notice Account (if transferring)		\$
Amounts held 12 Month Term Account (if transferring)		\$
Amounts held 2 Year Account (if transferring)		\$
Amounts held 4 Year Account (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 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:

**The Manager, Investor Services
La Trobe Financial
GPO Box 2289
Melbourne Victoria 3001 Australia**

ENQUIRIES:

Email: **investor@latrobefinancial.com.au**

Toll Free: **1800 818 818**

Office use only

Data entered by _____

Authorised by _____

Date processed _____