

Transfer Request Form

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM



To transfer all or part of your units to another person or entity (this includes transfers by way of a gift), please ensure you complete the following steps:

- Complete this Transfer Request Form with the details of the transferor(s)/seller(s) and transferee(s)/buyer(s).
- Complete the relevant Application Form, if applicable, for the transferee(s)/buyer(s)

Contact details

Mail your completed form to:

Impax Sustainable Leaders Fund

GPO Box 3993

Sydney NSW 2001 (no stamp required)

If you have any questions regarding this form, please contact our Investor Services Team on 1300 721 637.

1 Transferor(s)/seller(s) details

Account name

Account number

2 Transferee(s)/buyer(s) details

Transfer to my existing account number (if applicable)

Account name

Account number

Please complete **section 3** if you are a transferee/buyer with an existing account.

Transfer to a new account (please complete relevant application form).

Investor Type

Please indicate (X) the investor type.

Individual Investor Joint Investors Superannuation Fund Company Trust

2A. Investor 1/Company/Partnership or other entity

Surname/Company/
Partnership/Entity name

Full given name(s)

Title (Mr/Mrs/Miss/Ms)

Date of birth

 /

What other names

Full Business name

ABN

2B. Investor 2

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)

Date of birth

 /

3 Your Consumer Attributes

In relation to our Design and Distribution Obligations (DDO) under the Corporations Act, we seek the following information about your attributes as an investor (please tick only 1 box for each question below).

Further information in relation to these questions can be found in the Target Market Determination (TMD) for the Fund. If you wish to access the TMD, please visit <https://www.eqt.com.au/insto/>

1. Have you received advice prior to applying to invest in the Fund?

- I/We have received personal advice in relation to my investment in this Fund
 I/We have received general advice in relation to my investment in this Fund
 I/We have not received any advice in relation to my investment in this Fund

2. What is your primary investment objective(s)?

- Capital growth Capital preservation
 Capital guaranteed Income Distribution

3. Please select the intended use of this Fund in your investment portfolio.

- Solution/Standalone - A large allocation (75%-100% of portfolio)
 Core component - A medium allocation (25%-75% of portfolio)
 Satellite/Small Allocation - A small allocation (<25% of portfolio)

4. Please select the intended investment timeframe.

- Short term (<=2 years) Medium term (>2 years) Long term (>8 years)

5. What is your tolerance for risk?

- Low - I/we can tolerate up to 1 period of underperformance over 20 years
 Medium - I/we can tolerate up to 4 periods of underperformance over 20 years
 High - I/we can tolerate up to 6 periods of underperformance over 20 years
 Very High - I/we can tolerate more than 6 periods of underperformance over 20 years

6. What do you anticipate your withdrawal needs may be?

- Daily Weekly Monthly Quarterly Annually or longer

Please note:

1. Failure to complete the above questions may result in your application not being accepted;
2. Acceptance of your application should not be taken as a representation or confirmation that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions; and
3. For further information on the suitability of this product, please refer to your financial adviser and/or the TMD.

4 Consideration details

Name of fund(s)

Please complete either dollar amount or units to be transferred below (if \$0 please insert this).

Dollar amount (in words)

Amount \$

OR

Number of units
(amount in words)

Number of units

5 Declaration and applicant(s) signature(s)

Please note that joint investments must be signed by both investors.

If you are a corporate investor, this form must be signed either by:

- two Directors under seal;
- two Directors;
- Director and Company Secretary; or
- a Sole Director/Sole Secretary (where applicable).

Please state your name and role in the entity beneath your signature (e.g. Director, Company Secretary, Sole Director, Trustee).

Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

5A. Declaration and signature of transferor(s)/seller(s)

I/We, as the registered holder(s) and undersigned transferor(s)/seller(s) for the above consideration noted in **section 4**:

- transfer to the transferee(s)/buyer(s) the units held in my/our name(s) in the register of the above fund(s).
- agree that this transfer is subject to the same conditions on which I/we held them at the time of signing this transfer.

Investor 1

Signature

Date

Surname

Given name(s)

Capacity

Sole Director Director
 Secretary Trustee

Investor 2

Signature

Date

Surname

Given name(s)

Capacity

Director Secretary
 Trustee

COMPANY SEAL

5 Declaration and applicant(s) signature(s) (continued)

5B. Declaration and signature of transferee(s)/buyer(s)

I/We, the transferee(s)/buyer(s):

- agree to accept the above units subject to the same conditions as applicable to the transferor(s)/seller(s) and acknowledge being bound by the provisions of the constitution(s) of the fund(s).
- confirm that I/we have received and read a copy of the current Product Disclosure Statement and Target Market Determination for the fund(s) if applicable.

Investor 1

Signature	<input type="text"/>
Date	<input type="text" value="/ /"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Capacity	<input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Trustee

Investor 2

Signature	<input type="text"/>
Date	<input type="text" value="/ /"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Trustee

COMPANY SEAL

Each Fund's Product Disclosure Statement (PDS) includes information about purchasing units in the relevant fund. Any person who gives another person access to the application form must also give the person access to the PDS and any incorporated information. Each person should obtain and consider the Fund's Target Market Determination (TMD) and the Fund's Product Disclosure Statement (PDS) before making a decision about whether to make an investment in the Fund. A copy of any TMD and PDS can be obtained from your financial adviser, our Investor Services team, www.eqt.com.au/insto or at fidante.com. The responsible entity of the Fund is Equity Trustees Limited ABN 46 004 031 298 AFSL 240975 (Equity Trustees). Equity Trustees or a financial adviser who has provided an electronic copy of the PDS and any incorporated information, will send you a paper copy of the PDS and any incorporated information and application form free of charge if you so request.

6 Adviser use only

All details in **section 3A** are true and correct and I indemnify the responsible entity of the Fund(s) against any liabilities arising from acting on any of the information provided by me in connection with my clients application which are deliberately false or misleading.

Adviser number	<input type="text"/>		
Office name	<input type="text"/>		
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	Phone (business hours)	<input type="text"/>
Adviser group	<input type="text"/>		
Adviser group AFSL	<input type="text"/>		
Adviser signature	<input type="text"/>		
Date	<input type="text" value="/ /"/>		
Investment Link information			
IL GN (Group)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important notes

This application must not be handed to any person unless the relevant PDS and TMD and access to the information incorporated into the PDS is also being provided.