

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. _____	_____	\$ _____
<b>Total amounts held Select Investment Accounts</b>		\$ _____
<b>Amounts held Classic Notice Account (if transferring)</b>		\$ _____
<b>Amounts held 90 Day Notice Account (if transferring)</b>		\$ _____
<b>Amounts held 6 Month Notice Account (if transferring)</b>		\$ _____
<b>Amounts held 12 Month Term Account (if transferring)</b>		\$ _____
<b>Amounts held 2 Year Account (if transferring)</b>		\$ _____
<b>Amounts held 4 Year Account (if transferring)</b>		\$ _____
<b>Total amount transferable</b>		\$ _____

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@latrobecfinancial.com.au**  
Toll Free: **1800 818 818**

**Office use only**

Data entered by \_\_\_\_\_ Authorised by \_\_\_\_\_ Date processed \_\_\_\_\_