

OFF MARKET TRANSFER FORM FOR ISSUER TO CHESS TRANSACTIONS



The Off Market Transfer Form is to be used if you wish to transfer a holding of shares from one party to another without buying and selling on the market. For use when transferring Issuer Sponsored holdings into your CommSec Adviser Services Trading Account.

A fee of \$27.50 PER SECURITY TRANSFER (GST inclusive) applies.

- Any alterations made to this form MUST be initialled by both the Buyer(s) and the Seller(s).
- Any increase to the amount of securities being transferred is not acceptable, even if initialled.
- The transfer of stocks could give rise to tax consequences. You should ensure that you have considered the tax implications of the transfer before completing and returning this form. Information in relation to the tax implications of stock transfers is available on the ATO website. You should seek independent, professional tax advice before making any decision in relation to the transfer.
- CommSec Adviser Services is not a registered tax (financial) adviser under the Tax Agent Services Act 2009 and is unable to provide you with tax advice in relation to this communication.
- It should be noted that if you are the seller of Issuer Sponsored Holdings and not an existing client, additional information is required as per the **Identification Requirements for Issuer Sponsored Holdings** section.
- For general information on Off Market Transfers or assistance in completing the forms, please refer to the **Guidelines for completing this form** on page 2 or contact our office on the above details.

Next Steps:

- Once completed, print, sign and email the form back to us on the details above.

READ BEFORE PROCEEDING

The following table outline the types of Transfers that can be affected and the process. Please ensure a copy for your record is made prior to submission.

SELLER	BUYER	PROCESS	OUR CHARGES
Transfer from your CommSec Adviser Services CHESS Sponsored Account	Transfer to a CommSec Adviser Services CHESS Sponsored Account	1. Complete Transfer Form (Page 3)	\$27.50 per transfer. GST inclusive.
Transfer from your CommSec Adviser Services CHESS Sponsored Account	Transfer to an Issuer Sponsored Holding	1. Complete Transfer Form (Page 3)	\$27.50 per transfer. GST inclusive.
Transfer from another broker's CHESS Sponsored Account	Transfer to a CommSec Adviser Services CHESS Sponsored Account	1. Complete Transfer Form (Page 3)	\$27.50 per transfer. GST inclusive.
Transfer from your CommSec Adviser Services CHESS Sponsored Account	Transfer to another Broker's CHESS Sponsored Account	1. Contact the other Broker to initiate request.	No fee. The other Broker may charge you a fee.
Transfer your Issuer Sponsored Shares	Transfer to a CommSec Adviser Services CHESS Sponsored Account	1. Complete Transfer Form (Page 2) 2. Seller must complete Identification Requirements for Issuer Sponsored Holdings Section (Page 4)	\$27.50 per transfer. GST inclusive.
Transfer your Issuer Sponsored Shares	Transfer to an Issuer Sponsored Holding	1. Contact the relevant Share Registry and confirm process applicable.	CommSec Adviser Services is unable to process this transfer.

GUIDELINES FOR COMPLETING THIS FORM

SECTION A - SELLER(S)/TRANSFEROR(S) DETAILS

- ACCOUNT REGISTRATION NAME OF SELLER:** The given names and surname of the seller(s).
Deceased estates should read "(the full names of the executors) as Executors of the estate of (name of deceased shareholder)".
For companies, insert the company legal name.
For superannuation fund, family trust or minor, if the trustee is an individual, please insert the trustee given name(s) and surname.
If the trustee is a company, please insert the company legal name.
¹For account designation, ensure you insert the name of the Superannuation fund, trust name as per trust deed, or minor's name as per birth certificate.
- REGISTERED ADDRESS:** Insert the full address including the postcode exactly as printed on seller's holding statement.
- CONTACT PHONE NUMBER OF SELLER:** Insert the seller's contact phone number(s) including area code.
- PID (PARTICIPANT IDENTIFICATION NUMBER):** Insert Participant Identification Number (if applicable). This is the seller's sponsoring broker where security is held. (E.g. Australian Investment Exchange PID 6381)
- TRADING A/C:** Insert the Trading Account number where securities are currently held (where applicable).
- SRN (SECURITYHOLDER REFERENCE NUMBER) or HIN (HOLDER IDENTIFICATION NUMBER):** This number can be found on the Issuer Holding statement or a CHESS holding statement. For issuer sponsored and broker sponsored holdings (uncertificated), the seller's SRN or HIN must be quoted as confirmation of the seller's authority for the transfer to be processed. Failure to include the seller's SRN or HIN may result in the transfer being returned to you for clarification.

SECTION B - BUYER(S)/TRANSFeree(S) DETAILS

- ACCOUNT REGISTRATION NAME OF BUYER:** Full names of all buyers (a maximum of three joint holders). Securities can only be registered in the name of a living person or an incorporated company.
For companies, insert the company legal name. Securities may not be registered in the name(s) of a firm or business name, an estate or deceased person, a fund or a trust, although these may be inserted as an account designation underneath the registered names. Some companies may also have restrictions on minors being registered (e.g. BHP and CBA).
If the trust or superannuation fund trustee is an individual, please insert the trustee given names and surname.
If the trustee is a company, please insert the company legal name.
¹For account designation, ensure you insert name of the Superannuation fund, trust name as per trust deed, or minor's name as per birth certificate.
- REGISTERED ADDRESS:** Insert the full address including the postcode exactly as printed on the buyer's holding statement, trading account or within postal guidelines of new holdings.
- CONTACT PHONE NUMBER OF BUYER:** Insert the buyer's contact phone number(s) including area code.
- PID (PARTICIPANT IDENTIFICATION NUMBER):** Insert Participant Identification Number (if applicable). This is the buyer's sponsoring broker where security will be held. (E.g. Australian Investment Exchange PID 6381)
- TRADING A/C:** Insert the Trading Account number where the securities are to be held (where applicable).
- SRN (SECURITYHOLDER REFERENCE NUMBER) or HIN (HOLDER IDENTIFICATION NUMBER):** The buyer's SRN or HIN may be inserted, if known, so that any previous holdings may be amalgamated.

SECTION C - SECURITY DETAILS

- SECURITY NAME:** The full name of the company or trust in which the securities are held (e.g. Commonwealth Bank of Australia, Woolworths Limited, Reef Casino Trust, etc.) and the ASX Code.
- ASX CODE:** The unique trading code of the security used by the Australian Stock Exchange (ASX) (e.g. the ASX code for the Commonwealth Bank is CBA, for Woolworths Limited is WOW, for Reef Casino Trust is RCT, etc.).
- DESCRIPTION OF SECURITIES:** e.g. Fully Paid Ordinary 50 cent Shares, 9% Unsecured Convertible Notes, etc. This can be found on the certificate or statement.
- UNITS:** Number of securities being transferred (both in numbers and words).
- CONSIDERATION:** The full amount paid in settlement of the transfer of securities. You may set your own consideration.
- DATE OF TRANSFER:** Insert date of purchase. Please note this is not the date of the purchase agreement but the date of completion of the transfer. This should be on or before the date in points 21 and 23.
- FEE TO BE DEBITED FROM LINKED SETTLEMENT BANK ACCOUNT:** Tick 'yes' to debit the fee from the Buyer's bank account. If no box is ticked, the fee will be charged to the financial adviser's Dealer Group.

SECTION D - SIGNATURES

- SELLERS SIGNATURE:**
Joint holders – all holders must sign.
Under Power of Attorney – if not already noted, a certified copy of the Power of Attorney must be sent with the transfer form to the share registry
Deceased Estate – all executors should sign and, if not already noted, a certified copy of Probate or Letters of Administration must be sent with the transfer form to the share registry.
Company – signatures of two directors (or a director and the secretary) or if there is a sole director, signature of that director.
- DATE SIGNED (Seller):** Insert the date signed by the seller. This should be the same as or after the date of transfer.
- BUYER SIGNATURE:** Same requirements as point 20.
- DATE SIGNED (Buyer):** Insert the date signed by the buyer. This should be the same as or after the date of transfer.

OFF MARKET TRANSFER FORM

SECTION A - SELLER(S)/TRANSFEROR(S) DETAILS

1. Account registration name (Full Name, Company Name or Name of Estate – exactly as per holding registration details)

A/C Designation (if applicable)

2. Registered address

State

Postcode

3. Contact Details (Seller)

Home Number (include area code where applicable)

Mobile Number

4. PID (if applicable)

5. Trading Account Number (if applicable)

6. SRN (i) or HIN (x) (please tick)

Number

SECTION B - BUYER(S)/TRANSFeree(S) DETAILS

7. Account registration name (Full Name, Company Name or Name of Estate – exactly as per holding registration details)

A/C Designation (if applicable)

8. Registered address

State

Postcode

9. Contact Details (Buyer)

Home Number (include area code where applicable)

Mobile Number

10. PID (if applicable)

11. Trading Account Number (if applicable)

12. SRN (i) or HIN (x) (please tick)

Number

SECTION C - SECURITY DETAILS

13. Security Name

14. ASX Code

15. Full description of securities

CLASS (e.g. fully paid, partly paid)

If not fully paid, paid to

16. Units

In numbers

In words

17. Consideration

18. Date of Transfer

19. Fee to be debited from Buyer's linked settlement bank account?

 Yes

 No

SECTION D - SIGNATURES

I/We the registered holder(s) and undersigned Seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above named Company, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer(s) do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.

20. Print full name(s) of Seller(s)

Security Holder 1

Security Holder 2

Security Holder 3

All Seller(s) must sign here
(digital signatures not accepted)

21. Date Signed (mandatory)

22. Print full name(s) of Buyer(s)

Security Holder 1

Security Holder 2

Security Holder 3

All Buyer(s) must sign here
(digital signatures not accepted)

23. Date Signed (mandatory)

IDENTIFICATION REQUIREMENTS FOR ISSUER SPONSORED HOLDINGS

1. COMMSEC ADVISER SERVICES OR COMMONWEALTH BANK CUSTOMER

Please complete the details below if you are the SELLER OF ISSUER SPONSORED HOLDINGS and you do have:

- a CommSec Adviser Services Trading Account; or
- a Commonwealth Bank account;

in the same name as the Issuer Statement

Depending on the type of seller the following information is required:

- **Individuals & joint individuals** – for joint individuals, existing individual CommSec Adviser Services trading account or Commonwealth Bank accounts for all parties are acceptable.
- **Trusts and Companies** – provide the CommSec Adviser Services trading account or Commonwealth Bank account details for the company or trust as well as the director(s) or trustee(s) that are operating on the account and are signing the standard transfer form.

Client 1 Name

CommSec Adviser Services Trading Account Number

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OR

CBA Bank Account

Bank State Branch (BSB)

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Account Number

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Client 3 Name

CommSec Adviser Services Trading Account Number

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OR

CBA Bank Account

Bank State Branch (BSB)

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Account Number

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Client 2 Name

CommSec Adviser Services Trading Account Number

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OR

CBA Bank Account

Bank State Branch (BSB)

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Account Number

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2. NON COMMSEC ADVISER SERVICES OR COMMONWEALTH BANK CUSTOMER

Please complete the details below if you are the Seller of Issuer Sponsored holdings and you do NOT have:

- a CommSec Adviser Services Trading Account; or
- a Commonwealth Bank account;

in the same name as the Issuer Statement

Depending on the type of seller the following information is required:

TYPE OF BUYER/SELLER	SECTIONS THAT NEED TO BE COMPLETED	ID REQUIREMENTS
Individual and joint (includes Sole traders)	Section 2.1 – Individual details Section 2.4 – Declaration and Signatures	All Individual(s) to sign. <ul style="list-style-type: none"> • Individuals - CERTIFIED photocopy of a passport or an Australian drivers licence AND a Medicare Card. • Joint individuals - CERTIFIED photocopy of a passport or an Australian drivers licence AND a Medicare Card for each individual seller.
Company	Section 2.1 – Directors details who are signing the Off Market Transfer form Section 2.2 – all companies Section 2.4 – Declaration and Signatures	We require minimum 2 signatures unless you are a Sole Director. The Company must be established in Australia. <ul style="list-style-type: none"> • Companies - CERTIFIED photocopy of a passport or an Australian drivers licence AND a Medicare Card of the directors that are signing the standard transfer form.
Trusts with Individual Trustees	Section 2.1 – Trustees details that are signing the Off Market Transfer form Section 2.3 – all trusts Section 2.4 – Declaration and Signatures	We require all trustees to sign. The Trust must be established in Australia. Trusts – <ol style="list-style-type: none"> 1. CERTIFIED photocopy of a passport or an Australian drivers licence AND a Medicare Card of the trustees that are signing the standard transfer AND; 2. CERTIFIED photocopy of the trust deed extract showing the trust name, name of trustee(s) and signature of trustee(s).
Trusts with Company Trustees	Section 2.1 – Directors details who are signing the Off Market Transfer form Section 2.2 – all companies Section 2.3 – all trusts Section 2.4 – Declaration and Signatures	We require minimum 2 signatures unless you are a Sole Director. The Trust must be established in Australia. Trusts – <ol style="list-style-type: none"> 1. CERTIFIED photocopy of a passport or an Australian drivers licence AND a Medicare Card of the trustees that are signing the standard transfer AND; 2. CERTIFIED photocopy of the trust deed extract showing the trust name, name of trustee(s) and signature of trustee(s).

How should the identification documentation be CERTIFIED?

The certified photocopy must include a statement “I certify that this is a true copy of the original document” (or similar wording). The certifier must also include their full name, signature and qualification or occupation which makes them eligible, on the photocopied ID. Please **DO NOT** attach original identification documents. Send only CERTIFIED copies of original documents.

Acceptable ID	The list of eligible persons who are allowed to certify identification
<p>Medicare Card AND ONE of the following:</p> <p><input type="checkbox"/> Australian Driver licence or</p> <p><input type="checkbox"/> Passport or</p> <p><input type="checkbox"/> Birth Certificate.</p>	<p>A Justice of the Peace</p> <p>A public notary</p> <p>A police officer</p> <p>A barrister or a solicitor</p> <p>A judge or a magistrate</p> <p>A chief executive officer of a Commonwealth court</p> <p>A registrar/deputy registrar of a court</p> <p>An Australian diplomatic or consular officer</p> <p>An officer with 2 or more continuous years of service with one or more financial institutions</p> <p>A finance company officer with 2 or more continuous years of service with one or more finance companies</p> <p>An officer or authorised representative that holds an Australian Financial Services licence and has 2 or more continuous years of service with one or more licences</p> <p>A permanent employee of Australia Post with 2 or more years of continuous service who is employed in an office supplying postal services to the public</p> <p>An agent of Australia Post who is in charge of an office supplying postal services to the public</p> <p>A member of:</p> <ul style="list-style-type: none"> – the Institute of Chartered Accountants in Australia; – CPA Australia; – the National Institute of Accountants: with 2 or more years of continuous membership

2.1 Individual Details

Individual 1/Trustee 1/ Director 1 or Secretary (Circle applicable category)

Mr Ms Mrs Miss Dr Other

Given name(s)

Surname

Other Names Known By

Date of Birth

Gender

M F

Primary telephone number:

Residential Address (cannot be a PO Box)

State

Postcode

Country

Are you a sole trader Yes No

If yes, please complete the next two questions

Business name (if any)

Australian Business Number (ABN)

Individual 2/Trustee 2/ Director 2 or Secretary (Circle applicable category)

Mr Ms Mrs Miss Dr Other

Given name(s)

Surname

Other Names Known By

Date of Birth

Gender

M F

Primary telephone number:

Residential Address (cannot be a PO Box)

State

Postcode

Country

Individual 3/Trustee 3/ Director 3 or Secretary (Circle applicable category)

Mr Ms Mrs Miss Dr Other

Given name(s)

Surname

Other Names Known By

Date of Birth

Gender

M F

Primary telephone number:

Residential Address (cannot be a PO Box)

State

Postcode

Country

2.2 Company details

If you are a Company Applicant, you must also complete Section 2.1 with Director 1 and/or Director 2 details

Company Name

Australian Company Number (ACN)

Registered Address (PO Box is not acceptable)

State

Postcode

Country

Postal Address Same as Registered Business Address

State

Postcode

Country

Domestic Proprietary Domestic Public

2.3 Trust / Superannuation Fund Details

Individual(s) as trustees operating on the account: you must also complete Section 2.1 with Trustee 1 and/or Trustee 2 details

Company as a trustee operating on the account: you must also complete Section 2.1 with Director 1 and/or Director 2 details and Section 2.2 with your company details

Trust Name

ABN (if applicable)

Business Name (if any) of the Trustee of the Trust

Trust Type

Super Deceased Estate Family

Other, please specify below

Is the trust a Deed? Yes No

If 'YES', you will need to provide a certified photocopy of the trust deed extract. The extract should include those pages which show the trust name, name of trustee/s, signature of trustee/s and date of execution.

Beneficiaries

Complete the full name of each beneficiary of the trust. If there are more than three beneficiaries, please photocopy this page, complete and attach with your request.

Beneficiary 1

Mr Ms Mrs Miss Dr Other

Surname

Given name(s)

Beneficiary 2

Mr Ms Mrs Miss Dr Other

Surname

Given name(s)

Beneficiary 3

Mr Ms Mrs Miss Dr Other

Surname

Given name(s)

2.4 Declaration and Signatures

Ausiex is required to collect information about you and verify your identity before Ausiex can provide you with the services or products for which you've applied.

- **I/We** consent to having electronic identification performed using personal details and identification documents **I/we** have provided, and understand that providing false or misleading information about **my/our** identity(**s**) is an offence.
- **I/We** consent to having **my/our** personal details and identification documents matched to information held by the issuer or Official Record Holder via third party systems
- **I/We** understand that **my/our** personal information will be exchanged with external organisations including: credit reporting agencies, Commonwealth and State government departments, independent and private sector organisations and outsourced providers who coordinate the electronic identification process and who may conduct additional matches against public or proprietary databases
- As part of the electronic identification process, **I/we** permit these external organisations to record, use and disclose **my/our** information in accordance with their own privacy policies and legal obligations. **I/We** understand that Ausiex and its outsourced providers will access records held about **me/us** by these external organisations only for the purpose of matching the identifying information **I/we** have chosen to provide
- **I/We** consent to providing **my/our** name(**s**), address(**es**) and date of birth to selected credit reporting agencies to match this information against their records. **I/We** understand that this is done only for identity verification purposes.

Note: E-signature is not accepted

Signature of Individual 1/Trustee 1/ Director 1 or Secretary

Date

Signature of Individual 2/Trustee 2/ Director 2 or Secretary

Date

Signature of Individual 3/Trustee 3/ Director 3 or Secretary

Date