

La Trobe Australian Credit Fund ARSN 088 178 321

## Name of investor(s) who currently hold the investments

## Assignor(s)

\_\_\_\_\_  
 \_\_\_\_\_ Investor no: \_\_\_\_\_

## 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.

## Details of investor(s) receiving investment

## Assignee(s)

Full Name \_\_\_\_\_

Investor no. \_\_\_\_\_

*Assignee(s) will need to complete Product Disclosure Statement application form if not already a member of the Fund.*

## Mortgages and securities 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 Assignor(s) hereby transfer(s) the following mortgages, securities and investments to the Assignee(s):

Select/High Yield Investment name	Security address (if applicable)	Amount Held
1	•	\$
2	•	\$
3	•	\$
4	•	\$
5	•	\$
6	•	\$
<b>Total amounts held Select/High Yield Investments</b>		\$
<b>Amounts held Classic 48 hour Account (if transferring:)</b>		\$
<b>Amounts held 90 Day Notice Account (if transferring:)</b>		\$
<b>Amounts held 12 Month Term 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 Mortgage 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 investors and undersigned assignor(s) do hereby transfer to the Assignee, the investments as specified, from my/our name(s) in the fund, subject to the same terms & conditions.**

Signature of	Individual	Director	Secretary	Signature of	Individual	Director	Secretary
<hr/>			<i>Place common seal here if required</i>	<hr/>			
Signature				Signature			
<hr/>				<hr/>			
Full name				Full name			
<hr/>				<hr/>			
Date				Date			

### Return completed, signed form to

The Manager, Investor Services  
La Trobe Financial Services  
GPO Box 2289  
Melbourne VIC 3001

Fax: (03) 8610 2851

### Enquiries

Email: [investor@latrobefinancial.com.au](mailto:investor@latrobefinancial.com.au) or  
[advisersupport@latrobefinancial.com.au](mailto:advisersupport@latrobefinancial.com.au)

Toll Free: 1800 818 818

Data Entered By:	Authorised By:	Date Processed
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