

DDH Managed Funds Transfer Form



Complete this form if you wish to transfer all or part of your investment in a DDH Managed Fund to another investor in that/those fund(s).

Please complete form using CAPITAL letters. Complete ALL sections.

1. DDH Graham Limited investor details of Transferor(s)

Account number

Contact name

Contact number ()

If you wish to change your contact details please complete the **Change of Details Form** found on our website www.ddhgraham.com.au.

2. Funds to be transferred (please select the Fund(s) you wish to transfer)

Note: Minimum withdrawal and minimum balance criteria apply. Refer to the relevant Product Disclosure Statement or Information Memorandum for details.

Funds	Full Transfer (✓)	% of holding e.g. 0.3 = 30%	or Dollar Amount	or Number of Units
DDH Aggressive Growth Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
DDH Australian Shares Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
DDH Balanced Growth Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
DDH Cash Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
DDH Conservative Growth Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
DDH Fixed Interest Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
DDH Preferred Income Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
GCI Australian Capital Stable Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
Joseph Palmer & Sons Property Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>
Selector Australian Equities Fund	<input type="checkbox"/>	<input type="text"/> %	\$ <input type="text"/>	<input type="text"/>

3. Transfer to (must be completed)

Existing investment account (✓)

Account number

Contact name

Contact number ()

If you wish to change your contact details please complete the **Change of Details Form** found on our website www.ddhgraham.com.au.

New investment account (✓)

(Please complete the section below and attach a new **Application Form**. Please refer to the relevant Product Disclosure Statement or other offer documents).

Transfer Form continued

4. Authorised signatories ALL TRANSFERORS AND TRANSFEREES MUST COMPLETE THIS SECTION

(a) Transferor signature(s)

1st Individual applicant OR director OR office bearer (company signatories must include their company title)

Capacity (if company)	<input type="checkbox"/> Director	<input type="checkbox"/> Sole Director and Sole Secretary
Signature	SIGN HERE	
	Date signed	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>	

2nd Joint individual applicant OR director/secretary OR office bearer (company signatories must include their company title)

Capacity (if company)	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
Signature	SIGN HERE	
	Date signed	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>	

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to DDH Graham Limited. Refer to the Authorised Representative Form.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- For clubs, charities, churches or unincorporated bodies this form must be signed by the authorised office bearers (e.g. A. Smith - President).

(b) Transferee signature(s)

1st Individual applicant OR director OR office bearer (company signatories must include their company title)

Capacity (if company)	<input type="checkbox"/> Director	<input type="checkbox"/> Sole Director and Sole Secretary
Signature	SIGN HERE	
	Date signed	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>	

2nd Joint individual applicant OR director/secretary OR office bearer (company signatories must include their company title)

Capacity (if company)	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
Signature	SIGN HERE	
	Date signed	<input type="text"/> / <input type="text"/> / <input type="text"/>
Full name	<input type="text"/>	

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- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney.
- For clubs, charities, churches or unincorporated bodies this form must be signed by the authorised office bearers (e.g. A. Smith - President).

Return your completed Transfer Form to:

DDH Graham Limited
Reply Paid 330
Brisbane QLD 4001