STOCK TRANSFER FORM
UK COLLECTIVE INVESTMENT SCHEMES

This form should be completed and signed, as necessary, and should be lodged with the Fund's Registrar.

Name of Fund and Share Class	
ISIN (if known)	

	Words:	Figures:
Number of units or shares to be transferred. If the entire holding is to be transferred, insert "ALL".		

	1st holder name and address:	2nd holder name:
Full name(s) of registered unit/share holder(s), address of first registered holder and account designation (if any). If the transfer is not being made by the registered holder(s), insert also the name(s) and capacity (eg. Executor(s)), of the person(s) making the transfer.		3rd holder name:
		4th holder name:
		Account designation:

I/We hereby transfer the above units/shares out of the name(s) aforesaid to the person(s) named below and request that such entries be made in the register as are necessary to give effect to this transfer. Signature(s) of transferor(s): 1. .... 2. .... 3. .... 4. .... Date: .... All transferors must sign. Bodies corporate should execute under their common seal, or otherwise as determined by their Memorandum and Articles of Association.	Stamp of the institution lodging this form (if any), for queries etc. concerning the transfer:

	1st holder name and address:	2nd holder name and address:
Full name(s), date(s) of birth and full postal address(es) (including postcode) of the person(s) to whom the security is transferred*, and any account designation. In each case please state title or salutation (eg. Mr., Mrs., Miss. etc.). Note that only the 1st holder's address will appear on the register of title. *Please see "Customer Due Diligence For Anti-Money Laundering Purposes" overleaf.		
	Date of Birth:	Date of Birth:
	3rd holder name and address:	4th holder name and address:
	Date of Birth:	Date of Birth:
	Account designation:	

IMPORTANT NOTE

In addition to this Form, the Registrar may also require tax residency self-certification(s) in respect of each transferee before accepting the Form as a valid instrument of transfer.

Please confirm by ticking this box if the relevant self-certification(s) is/are attached: ☐