

Share Transfer into Superannuation Plan Form

Please complete this form if you wish to transfer shares into The Portfolio Service Superannuation Plan.

1. Member details

Title Surname Given names

Address

Suburb/town State Postcode

Telephone (home) Telephone (business) Mobile

Male Female Date of birth (dd/mm/yy) / / Email address

TFN - -

2. Transfer details

Please list The Portfolio Service approved shares to be transferred and attach a copy of the holding statement for each stock listed below.

Share name	Reinvest <input type="checkbox"/> <input checked="" type="checkbox"/> dividends	SRN/HIN ⁽¹⁾	ASX code	Number of shares	Office use only		
					Date of transfer	Consideration	Price Used
	<input type="checkbox"/>				/ /		
	<input type="checkbox"/>				/ /		
	<input type="checkbox"/>				/ /		
	<input type="checkbox"/>				/ /		
	<input type="checkbox"/>				/ /		
	<input type="checkbox"/>				/ /		
	<input type="checkbox"/>				/ /		
	<input type="checkbox"/>				/ /		
IMPLEMENTATION FEE (up to 4%)							%

(1) If you quote a HIN please complete 2.(i).

(i) Is the investor a Bridges sponsored client? Yes No

If no, please specify contact details for sponsoring broker.

Broker

Contact name Contact number

Note: Corresponding instructions must be sent to sponsoring broker.

3. Transferor details

(i) Transferor/Company/Trustee 1

Title	Surname	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company/Trust name			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb/town	State	Postcode	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (business)	ABN	TFN
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Transferor/Company/Trustee 2

Title	Surname	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company/Trust name			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb/town	State	Postcode	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (business)	ABN	TFN
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Contribution type

Contribution Rollover from another superannuation fund (4.(i) should be completed)

Please indicate below type of contribution

Concessional contribution (previously known as deductible contributions)

- personal contributions
- employer contributions

Non-concessional contributions (previously known as undeducted contributions)

- personal contributions
- spouse contributions

Section 82AAT notices will be sent to clients after the end of the financial year confirming deductions claimed.

(i) Rollover from another superannuation fund

Name of superannuation fund	Name of trustee	Amount
		\$
		\$
		\$
		\$
		\$

Please attach Superannuation benefit details for each rollover. The Superannuation benefit amount should equal the total consideration of the shares transferred.

5. Privacy

Please tick this box if you do not wish to receive information on other products and services that may be of benefit to you. Please see the current Product Disclosure Statement for details on privacy and personal information.

6. Signature(s) and confirmations

By the transferor

- I/We acknowledge that the price attributed to the shares will be the sale price on the close of business of the Australian Stock Exchange on the date on which this application is signed.
- I/We am/are the absolute legal and beneficial owner(s) of the shares listed above which are not subject to any mortgage, charge or encumbrance.
- I/We understand the taxation consequences (including capital gains tax) of making the transfer and have sought my/our own independent advice in respect of the transfer.

Signature transferor 1/director

Date

Signature transferor 2/director/company secretary

Date

By the investor

- I have received, read and understood the current Product Disclosure Statement and List of Investment Strategies (which includes the securities I propose to transfer).
- I have satisfied the diversification conditions outlined in the current Product Disclosure Statement.
- I acknowledge that I am eligible to invest in the Superannuation Plan and the person making the transfer is eligible to make a contribution to the Superannuation Plan on my behalf.
- I acknowledge that the trustee may reject my application.
- I authorise the deduction from my investment portfolio of any fees, expenses and taxes.
- I acknowledge that withdrawals from the Superannuation Plan are restricted by superannuation law and subject to any restrictions applying to the investment portfolio in which my benefits are held and the investment options I select.
- I acknowledge that the price attributed to the shares on transfer will be the sale price on the close of business of the Australian Stock Exchange on the date on which this application is signed.
- I understand the taxation consequences (including capital gains tax) of making the transfer.

Signature

Date

Financial planner only

Name

Phone number

AFSL holder

PortfolioNet account number

- I have given the investor a current offer document or investment report for each investment option selected and each investment option which I believe they considered.
- I have reviewed the investor's financial situation, needs and objectives and confirm the investment option(s) selected are appropriate and provide, when the investment portfolio is taken as a whole, adequate diversification.

Financial planner signature

Date