

**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)			
Number of units or shares to be transferred. If the entire holding is to be transferred, insert "ALL".	Words:	Figures:	
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.	1 st holder name and address:	2 nd holder name:	
		3 rd holder name:	
		4 th 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):		Stamp of the institution lodging this form (if any), for queries etc. concerning the transfer:	
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	
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 1 st holder's address will appear on the register of title. *Please see "Customer Due Diligence For Anti-Money Laundering Purposes" overleaf.	1 st holder name and address:	2 nd holder name and address:	
	Date of Birth:	Date of Birth:	
	3 rd holder name and address:	4 th 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:

CUSTOMER DUE DILIGENCE FOR ANTI-MONEY LAUNDERING PURPOSES

This section does not apply where the transferee is a regulated financial institution or other entity that satisfies the criteria necessary to permit the Manager to apply "simplified" customer due diligence. In such cases, the Manager or Registrar may seek confirmation of the transferee's status and eligibility for these purposes.

BENEFICIAL OWNERSHIP AND CONTROL

(a) If the transferee(s) is/are the individual beneficial owner(s), please state "TRANSFEREE" or "TRANSFEREES", as appropriate, in the first name space in the table below.

(b) If the transferee is a body corporate or a partnership, it must enter in the table below the names of any persons that own or control more than 25% of the voting rights in the body or partnership, or are entitled to more than 25% of its capital or profits, or otherwise exercise control over the management of the body or partnership*.

(c) If the transferee(s) is/are acting as trustee(s) (or similar), they must enter in the table below the names of any further trustees or others that have control over the management of the trust or arrangement and any individuals that have an entitlement to at least 25% of the property of the trust or otherwise have control over the trust*.

* If no individual has a specified interest that exceeds the above limits, please state "NONE" in the first name space below and strike through the remainder of the table. In the case of entities and arrangements that are not established for the benefit of any specified individual(s), the table should be used to provide a description of the nature of those who will benefit from the entity or arrangement ("the class of beneficiary").

Name		Address:
Date of Birth		
Capacity**		
Name		Address:
Date of Birth		
Capacity**		
Name		Address:
Date of Birth		
Capacity**		
Name		Address:
Date of Birth		
Capacity**		

** eg. trustee, partner, shareholder, beneficiary etc.

Please complete the table in BLOCK CAPITALS. If there is insufficient space above to list all the relevant individuals, please tick here and continue onto a separate sheet of paper, which should be stapled to this form.

I/We hereby certify that the above is a complete list of the beneficial owners and controllers as described above and that they are known to me/one or more of us or, in the case of a class of beneficiary, that the description is appropriate and accurate.

To be signed by one or more of the transferees named overleaf, in whose names the units/shares will be registered.

Signature(s): 1

2

3

4

In the event of doubt as to how to complete the table, please contact the Registrar. If the table and declaration above are not completed, the Manager or Registrar may need to contact the transferee(s) prior to registering the transfer in order to fulfil their obligations under UK money laundering and data protection legislation.

The Registrar may refuse to register the transfer or allow further disposal of the units/shares by the transferee(s) until such time as the above due diligence measures have been completed to the Manager's satisfaction.

DETAILS OF THE TRANSFER TO WHICH THIS FORM IS ATTACHED

Name of Fund and Share Class		Number of units or shares to be transferred.	
Name of the Transferee to whom this form relates			

PLEASE SUBMIT SEPARATE FORMS FOR ALL TRANSFEREES THAT ARE INDIVIDUAL PERSONS

TAX RESIDENCY - INDIVIDUAL SELF-CERTIFICATION

(Please use the form overleaf if the transferee is an entity)

Tax Regulations¹ require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with HMRC. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly.

Please refer to the "Guidance for the completion of the Stock Transfer Form for UK Collective Investment Schemes" for key definitions.

Tax residency

Please indicate all countries (including the UK) in which you are resident for tax purposes and the associated Tax Reference Numbers in the table below. If you are a US citizen or resident, please include United States in this table along with your US Tax Identification Number.

Country/Countries of Tax Residency	Tax Reference Number

If you are not resident in any country for tax purposes, please tick this box

Declaration

I declare that the information provided on this form is to the best of my knowledge and belief, accurate and complete.

I agree to notify the Registrar immediately in the event the information in the self-certification changes.

Signed by (please print name):

Signature:

Date:

DETAILS OF THE TRANSFER TO WHICH THIS FORM IS ATTACHED			
Name of Fund and Share Class		Number of units or shares to be transferred.	
Name of the Transferee to which this form relates			

PLEASE SUBMIT SEPARATE FORMS FOR ALL TRANSFEREES THAT ARE ENTITIES

TAX RESIDENCY - ENTITY SELF-CERTIFICATION

(Please use the form overleaf if the transferee is an individual)

Tax Regulations¹ require us to collect certain information about each investor’s tax residency and tax classifications. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with HMRC. Please complete all sections below as directed. If you have any questions about your organisation’s classifications, please see instructions or contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly.

Please refer to the “Guidance for the completion of the Stock Transfer Form for UK Collective Investment Schemes” for key definitions.

Section 1: Tax residency

If your organisation has more than one country of tax residency, please complete one self-certification form for each country.

- 1.1 Please state the country in which your organisation is resident for tax purposes:
- 1.2 Please provide us with your organisation’s Tax Reference Number:
- 1.3 If the organisation is **not** a Specified Person² in the country stated in 1.1 above, please tick this box:

Section 2: Organisation’s classification for FATCA³ purposes

Please tick one box only in this section, with reference to the tax residency stated in box 1.1.

2.1	Exempt Beneficial Owner ⁴	<input type="checkbox"/>
2.2	Participating Foreign Financial Institution ⁵	<input type="checkbox"/>
2.3	Non-Participating Foreign Financial Institution ⁵	<input type="checkbox"/>
2.4	UK Financial Institution or a Partner Jurisdiction Financial Institution ⁵	<input type="checkbox"/>
2.5	Financial Institution resident in the USA or in a US Territory ⁵	<input type="checkbox"/>
2.6	Deemed Compliant Foreign Financial Institution (besides those listed above) ⁵	<input type="checkbox"/>
2.7	Active Non-Financial Foreign Entity ⁶	<input type="checkbox"/>
2.8	Passive Non-Financial Foreign Entity ⁷	<input type="checkbox"/>
2.9	Excepted Non-Financial Foreign Entity ⁸	<input type="checkbox"/>
2.10	US Non-financial entity ⁹	<input type="checkbox"/>

A Passive Non-Financial Foreign Entity will be required to submit individual tax residence self-certifications for each of its Controlling Persons⁹

Section 3: Organisation’s classification under other applicable tax regulations

Please tick all boxes that apply. If none of these statements applies to your organisation, please leave this section blank.

- 3.1 Please tick the appropriate box below if the organisation is a Non-Financial Foreign Entity:
- (a) Active Non-Financial Foreign Entity¹⁰
- (b) Passive Non-Financial Foreign Entity¹¹
- A Passive Non-Financial Foreign Entity will be required to submit individual tax residence self-certifications for each of its Controlling Persons⁹
- 3.2 Please tick this box if the organisation is a Non-Profit Organisation¹²
- 3.3 Please tick this box if the organisation an Investment Entity¹³
- 3.4 If none of 3.1, 3.2 or 3.3 applies to your organisation, please tick this box

Section 4: Declaration

I declare that the information provided on this form is to the best of my knowledge and belief, accurate and complete.

I agree to notify the Registrar immediately in the event the information in the self-certification changes.

Signed by (please print name): _____

On behalf of (organisation name): _____

Position (in organisation): _____

Signature: _____

Date: _____