

DATE OF STOCK TRANSFER

This Stock Transfer request is made on the

D	D
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day of

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Between the Transferor (1) and the Transferee (2)

STOCK TRANSFER

Account number

Name of Security(ies) to Transfer and Number of Units. (enter "All" if every asset in the account has to be transferred)

Name of Security(ies)	Number of Units

Important Notes

Please ensure you send an original copy of this form.

Please use BLOCK CAPITALS and either blue or black ink.

Complete all relevant sections.

Not valid unless dated.

Please note, we are required to verify the identity of investors and executors to comply with Isle of Man Anti-Money Laundering & Countering the Financing of Terrorism ('AML') legislation and regulation. Please refer to our 'AML Guidelines' for guidance. The transfer might be delayed or rejected if we haven't successfully verified all transferors.

STOCK TRANSFER FORM

1 – The Transferor(s)

I/We hereby transfer the above security out of the name(s) aforesaid to the person(s) named below.

If there are more than two account holders, please provide full personal details as listed above on a separate page.

Accountholder 1 name								
Date of birth	D	D	M	M	Y	Y	Y	Y
Address								
							Postcode/Zip	
Telephone number (include international dialing code)								
Mobile number (include international dialing code)								
Email								

Accountholder 2 name								
Date of birth	D	D	M	M	Y	Y	Y	Y
Address								
							Postcode/Zip	
Telephone number (include international dialing code)								
Mobile number (include international dialing code)								
Email								

DECLARATION OF TAX RESIDENCE – please state all countries where you are tax resident

	Jurisdiction of tax residence	TIN (Tax Identification Number)
Accountholder 1		
Accountholder 2		

STOCK TRANSFER FORM

2 – The Transferee(s)

Please note that the Transferee is the new Unitholder. In the case of new multiple Unitholders insert the full name and address of each. If the account is to be held by a corporate body, the corporate body should execute this transfer under its common seal or otherwise in accordance with applicable statutory requirements. Each new Unitholder must also complete their tax residency.

If there are more than two new account holders, please provide full personal details as listed above on a separate page.

Accountholder 1 name									
Date of birth	D	D	M	M	Y	Y	Y	Y	
Address									
								Postcode/Zip	
Telephone number (include international dialing code)									
Mobile number (include international dialing code)									
Email									

Accountholder 2 name									
Date of birth	D	D	M	M	Y	Y	Y	Y	
Address									
								Postcode/Zip	
Telephone number (include international dialing code)									
Mobile number (include international dialing code)									
Email									

DECLARATION OF TAX RESIDENCE – please state all countries where you are tax resident

	Jurisdiction of tax residence	TIN (Tax Identification Number)
Accountholder 1		
Accountholder 2		

STOCK TRANSFER FORM

SIGNATURES

I/We hereby transfer the above units/shares out of the name(s) aforesaid to the person(s) named in Section 2 and request that such entries be made in the register as are necessary to give effect to this transfer.

Signature Transferor 1

X

Date

D	D	M	M	Y	Y	Y	Y
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Signature Transferor 2

X

Date

D	D	M	M	Y	Y	Y	Y
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Signature Transferee 1

X

Date

D	D	M	M	Y	Y	Y	Y
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Signature Transferee 2

X

Date

D	D	M	M	Y	Y	Y	Y
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