

Transfer of Ownership Form

Please use this form to Transfer Ownership of your investment. Transferring your investment may have capital gains tax implications. We recommend you discuss your own circumstances with your tax adviser before you transfer your investment.

The transferee(s) must complete an Application Form for Clearview Managed Investments which can be found at www.clearview.com.au

If you wish to transfer ownership of your investments in ClearView Managed Investments (Closed) ie. Australian Shares Growth, Diversified Growth, Diversified Balanced, Diversified Stable and Monthly Payment, the transferee(s) must be an investor(s) in ClearView Managed Investments (Closed).

Fields marked with an asterisk (*) must be completed in order for us to action your request.

The information collected on this form is governed by the ClearView Information Handling Policy which is available on **www.clearview.com.au**.

A. Investor details	/ TNN//100000
My ClearView Managed Investment account	(e.g. TINV / 100000)
*Title (transferor 1)	*Gender *Date of birth
Mr Mrs Ms Miss Dr Other	Male Female DDMMYYYYY
*Given name(s)	*Surname
*Title (transferor 2)	*Gender *Date of birth
Mr Mrs Ms Miss Dr Other	Male Female DDMMYYYYY
*Given name(s)	*Surname
*Account name (for Company, Trusts or Partnerships)	
B. Transfer details	
Use this section to indicate which investments you wish to tran	nsfer
Full or Partial Transfer	From investment option
Full transfer	
Partial transfer \$.	
Full transfer	
Partial transfer \$.	
Full transfer	
Partial transfer \$.	
Full transfer	
Partial transfer \$.	
Full transfer	
Partial transfer \$.	



C. Transferee details Transferee 1 ClearView Managed Investment account	1	(e.g. TINV / 100000)
*Title (transferee 1)	*Gender	*Date of birth
Mr Mrs Ms Miss Dr Other	Male Female	D D M M Y Y Y
*Given name(s)	*Surname	
Transferee 2 ClearView Managed Investment account	1	(e.g. TINV / 100000)
*Title (transferee 2)	*Gender	*Date of birth
Mr Mrs Ms Miss Dr Other	Male Female	D D M M Y Y Y Y
*Given name(s)	*Surname	
*Account name (for Company, Trusts or Partnerships)		

D. Investor declarations and signature

I/ We authorise ClearView Financial Management Limited to process my/ our transfer of ownership request in accordance with my/ our instructions in this Transfer of Ownership Form.

I/ We acknowledge and declare that:

- if I/we do not provide all required information, my/our request will not be actioned;
- this request will be deemed to be received and will be actioned on the day ClearView receives all required information;
- I/ We understand that incorrect details may result in a loss of transfer funds and we do not guarantee their recovery and we do not accept liability for funds unable to be recovered;
- all the details given in this form are true and correct;
- I/ we understand that my/ our request to transfer ownership in accordance with my/ our instructions in this Transfer of Ownership Form is subject to the clearance of investment funds;
- I/ we understand that a full transfer of ownership will automatically cancel my/ our Regular Savings Plan and/ or Fixed Payment Plan (if applicable); and
- if signing under a power of attorney, I/we verify that, at the time of signing, I/we have not received a notice of revocation of that power.

We are committed to handling your personal information and sensitive information in a secure manner and in accordance with the Privacy Act 1988 (Cth). For a copy of our Information Handling Policy, please visit **www.clearview.com.au**.

If there is more than one investor, all investors must sign (unless you have previously indicated that only certain signatures were required). Where a company/corporate trustee is an investor, please ensure that this Transfer of Ownership Form is signed by: (a) two directors; or (b) a director and a company secretary; or (c) the sole director and sole company secretary.



Full name (print clearly in block letters)	
Type of investor (transferor) Individual Joint investor 1 Director 1 Trustee 1 Power of Attorney	Sole director and sole company secretary
Signature of Investor (transferor)	Date D D M M Y Y Y Y
Full name (print clearly in block letters)	
Type of investor (transferor)	
Joint investor 2 Director 2 Trustee 2	Power of Attorney
Signature of joint investor (transferor)	Date D D M M Y Y Y Y

Sending your form

Please send the form to us via email or mail. If you email original certified copies of documents, please also send them by post.

Mailing address: Email address:

ClearView Wealth client.wealth@clearview.com.au

Reply Paid 4232 Sydney NSW 2001

If you have any questions or need help please call our Service Centre on 132 977.

ClearView Managed Investments is issued by ClearView Financial Management Limited ABN 99 067 544 549 AFSL 227677.