

# Off Market Transfer - Transferee Details Form

**PLEASE USE BLOCK LETTERS TO COMPLETE THIS FORM**

- Please complete form and send to Balmain AQUA c/o Mainstream Registry, GPO Box 4968, Sydney NSW 2001.
- Mark answer boxes with a cross (X).
- If you have any questions in regards to filling out the form please contact our registry provider on 1800 225 624.

The Balmain AQUA Income Trusts are closed for applications and redemptions and the Product Disclosure Statement has been withdrawn from the market.

I acknowledge that I am/we are fully aware of the current status of the Trust/s from which I am/we are acquiring units from the transferor (seller) and what it means in terms of the investment.

## 1. Transferee (buyer) Details

What type of entity is acquiring the units?

- Individual (go to section 2)
- Sole trader (go to section 3)
- Australian domestic company (go to section 4)
- Australian trust/superannuation fund (go to section 5)
- Partnership (go to section 6)
- Other – please contact us on 1300 652 907 for requirements

## 2. Individuals

- Individual Investor
- Joint Investors

### a) Transferee 1

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### b) Transferee 2

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**c) Account Designation (on whose behalf are the units being purchased, if relevant)**

Name

Please attach an identity verification document for each individual in accordance with the Anti Money Laundering Guide available on our website.

**Please proceed to section 7.**

**3. Sole Trader**

Full business name (if any)

Title

Surname

Given Names

Other names by which you are commonly known

Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Residential Address

Suburb

State

Postcode

ABN

Principal place of business (if any)

Suburb

State

Postcode

Please attach an identity verification document for each individual in accordance with the Anti Money Laundering Guide available on our website.

**Please proceed to section 7.**

**4. Australian Companies**

Are you purchasing the units as an

Australian domestic company, a company registered under the Corporations Act 2001 (other than a foreign registered company); or

Australian domestic company acting as a trustee of an Australian trust/superannuation fund. Please ensure section 5 is completed in this instance.

If you are investing in your capacity as a foreign registered company or unregistered foreign company, please contact us on 1300 652 907 for the requirements.

Full company name as registered with ASIC

Other names by which you are commonly known

ABN/ACN

Registered office address

Suburb

State

Postcode

Principal place of business

Suburb

State

Postcode

#### 4a) Type of Company

i) Is the company registered by ASIC as a:

Proprietary company or private company (please ensure you also complete section 4b); or

Public company

ii) Is the company licensed and subject to the regulatory oversight of a Commonwealth, State or Territory regulator in relation to its activities as a company:

**Yes** Name of the regulator

Details of the relevant licence

**No** Please proceed to question iii. If your company is an unregulated proprietary company, please also complete section 4c.

iii) Is the company a majority-owned subsidiary of an Australian listed public company?

**Yes** Name of the Australian listed public company

Name of the relevant market/exchange

**No** Please proceed to question iv.

iv) Is the company an Australian public listed company?

**Yes** Name of the relevant market/exchange

**No** Please proceed to question 4b.

#### 4b) Proprietary Companies

If your company is a proprietary company, you must provide the full name of each director of the company.

	Surname	Full Given Name(s)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

#### 4c) Beneficial Ownership - Proprietary and Private Companies

If your company is a proprietary company or private company, you must provide the full name and address of each beneficial owner of the company. A beneficial owner is any individual who owns through one or more shareholdings, more than 25% of the issued share capital in the company.

##### i) Beneficial owner 1

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### ii) Beneficial owner 2

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### iii) Beneficial owner 3

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### iv) Beneficial owner 4

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5. Australian Trusts/Superannuation Funds

Full trust/superannuation fund name

Full business name of trustee in respect of the Australian trust/superannuation fund

Other names by which you are commonly known

Country in which the trust was established

### 5a) Type of Trust/Superannuation Fund

i) Is the trust/superannuation fund a Managed Investment Scheme registered by ASIC?

**Yes**

ARSN

**No**

Please proceed to question ii.

ii) Is the trust/superannuation fund a trust that is registered and subject to the regulatory oversight of a Commonwealth statutory regulator in relation to its activities as a trust?

**Yes**

Name of the regulator

Relevant licence details

**No**

Please proceed to question iii.

iii) Is the trust/superannuation fund a Government superannuation fund?

**Yes**

Name of legislation provision that establishes the fund

**No**

Please proceed to question iv.

iv) Is the trust/superannuation fund a Managed Investment Scheme that is not registered by ASIC, has only wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies?

**Yes**

**No**

Other, please specify

Please ensure you also complete section 5b and provide details of ALL trustees in section 5c.

### 5b) Beneficiary Details

If you marked "other" in section 5a(iv), please also complete this section.

The Trust Deed identifies beneficiaries/unitholders by:

Name of individuals (please list the names of each beneficiary/unitholder below); and/or

Membership of a class (please list the details of each membership class below).

Full name of beneficiaries/unitholders or membership class

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

### 5c) Individual Trustees

Are any of the trustees individuals?

- Yes** Please complete, in full, the details for the trustees below.
- No** Please proceed to section 7.

#### Trustee 1

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Trustee 2

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known		Date of Birth
<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"/>
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach an identity verification document for a trust and a trustee (if applicable). If there are more than two trustees please photocopy this page and complete details and attach to this form.

### 6. Partnership

Full name of partnership	
<input type="text"/>	
Full business name (if any) of the partnership as registered under any State or Territory business names legislation	
<input type="text"/>	
Other names by which you are commonly known	Country in which the trust was established
<input type="text"/>	<input type="text"/>
ABN/ACN	Contact name
<input type="text"/>	<input type="text"/>

#### 6a) Type of Partnership

Is the partnership regulated by a professional association (as defined on pages 30-32)?

- Yes** Please complete, in full, the details of the partnership in section 6b.
- Name of the professional association
- 
- Membership details (eg. Member number)
- 
- No** Please complete, in full, details of ALL partners in section 6b.

## 6b) Partner Details

### Partner 1

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known	Date of Birth	
<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"/>	
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Partner 2

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names by which you are commonly known	Date of Birth	
<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"/>	
Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more than two partners (and you did not tick yes in question 7a above) please photocopy this page and complete details and attach to this form. Please also attach identity verification documents for the partnership and one of the partners in accordance with the Anti Money Laundering Guide available on our website.

## 7. Transferee (buyer) Contact Details

Residential Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

By providing your email address you agree that details on your investment can be provided to you by email along with other marketing information relating to services and products offered by The Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL 235150. If you do not want to have information about investment opportunities provided to you by The Trust Company (RE Services) Limited ABN 45 003 278 831, AFSL 235150 as responsible entity for the Balmain AQUA Income Trust & Balmain AQUA High Income Trust, please tick this box.

Please send all correspondence regarding this investment to:  Adviser as specified in section 11  Investor

## 8. Tax File Number

### Transferee (1) or Company/Superannuation Fund/Trust/Estate/Partnership

TFN

or Exemption\*

### Transferee (2) or Company/Superannuation Fund/Trust/Estate/Partnership

TFN

or Exemption\*

\*If exempt, please specify reason. If due to pension or allowance, please state full name of benefit (eg. Age pension)

If you do not supply your TFN or a valid exemption (or in certain cases an Australian Business Number (ABN)), tax will be deducted from any income earned on an investment in Balmain AQUA Income Trusts at the highest marginal tax rate plus Medicare Levy and forwarded to the Australia Taxation Office. It is not an offence if you decide not to supply us with your TFN or ABN.

For more information about the use of TFN's contact your tax adviser or the Australia Taxation Office. If you are exempt from quoting your TFN you must indicate the exemption or tax will be deducted from any distributions from an investment in Balmain AQUA Income Trusts. Collection of TFN's is authorised, and its use and disclosure are strictly regulated, by the tax laws and Privacy Act. If you chose to quote your TFN above, you also authorise Balmain AQUA to disclose it to their nominee companies for the purposes relating to the Units in the Balmain AQUA Income Trusts.

## 9. Other Elections

Please elect one of the options below.

Please note that these are separate from the reports for your own investment which you will continue to receive.

If you do not complete this section, you will receive a copy of the annual financial statement for you investment(s) electronically.

- I/We would like to receive printed annual financial statements
- I/We would like to receive annual financial statements electronically
- I/We do not wish to receive annual financial statements.

## 10. Financial Institution Details

Please complete this section with the account details you wish distributions to be direct credited to.

Australian Financial Institution

BSB Number (Bank/State/Branch)

Account Number

Account Name

Branch Suburb/Town

Address

Suburb

State

Postcode

I/We acknowledge that direct credits not accepted by my/our bank, building society or credit union will be held in trust by Balmain AQUA until I/we provide accurate financial institution details.



## 11. Third Party Disclosure

I/We agree that information on my/our investment can be provided to my adviser whose details appear below. If you do not have an adviser or do not want us to provide your information to a third party, please do not complete this section.

Adviser Name

Company Name

Dealer Group

Address

Suburb

State

Postcode

Telephone

Facsimile

Email Address

Please note that if you change your adviser, you must notify us in writing.

## 12. Acknowledgement

By completing and submitting this application form the transferee (or its attorneys) will be taken to have acknowledged that:

- You are providing personal details in this form and agree to be bound by the privacy notices and consents set out in the Product Disclosure Statement (PDS) that was current at the time.
- You agree to be bound by the constitution for the relevant Balmain AQUA Income Trust(s).
- The Trust Company (RE Services) Limited reserves the right to refuse or cancel investments at any time if it is of the reasonable view that it breaches any of the anti-money laundering/counter-terrorism financing law or the money laundering or terrorism financing risk is unacceptable to it.
- Monies invested in the Balmain AQUA Income Trusts as described in the PDS that was withdrawn 30 July 2008, do not represent investment in any of; The Trust Company (RE Services) Limited, Balmain AQUA Pty Ltd, or their subsidiaries and are subject to investment risk including possible delays in repayment, loss of income and principal invested.
- None of The Trust Company (RE Services) Limited, its directors or associates, guarantees the repayment of capital or the performance of the Balmain AQUA Income Trusts.
- By providing your personal details in this form, and unless you tell us otherwise, we may use your personal information for marketing purposes relating to the products and services offered by The Trust Company (RE Services) Limited. We may also disclose your personal information to verify information about you including your identity.
- If you have provided your email address, communications and reports may be sent to you by email.
- You are an Australian citizen or resident and you are not acting for the account or benefit of a person in the United States or any other foreign person.
- Joint investors: if your investment is held jointly with one or more other persons, the Responsible Entity can send you notices, statements or other documents (including any changes to investment terms and conditions) by mailing them to any one of the joint holders (that is, you or any of the other joint holders) at their nominated correspondence address. You will be deemed to have received the notice, statement or other document the day after it is sent. If the Responsible Entity gives these notices, statements or other documents to any one of the joint holders, their authorised delegate or adviser, they will be deemed to have been received by all of the joint holders.

### 13. Application Authorisation (This section must be signed for your transfer to be processed)

I/We authorise you to act in accordance with my/our instructions as set out above.

I/We confirm that the above details are true and correct in all aspects. I/We understand that if I/we make false or misleading statements in this form, produce a false or misleading document, attempt to receive an The Trust Company (RE Services) Limited product in a false name or fail to disclose any other name or names that I am commonly known by, I may commit an offence under the Anti-Money Laundering/Counter-Terrorism Financing Act 2006.

#### Applicant 1 or Director or Company Secretary

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Name

Position (if applicable)

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Address details as specified in section  of this form; OR

Address details as specified below

Address

Suburb

State

Postcode

#### Applicant 2 or Director

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Name

Position (if applicable)

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Address details as specified in section  of this form; OR

Address details as specified below

Address

Suburb

State

Postcode

Note: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. Please send a certified copy of the Power of Attorney with this form for The Trust Company (RE Services) Limited to view.

## 14. Record of Identification Procedure

Please record any verification document details below, and label each attachment appropriately. For a list of acceptable documents, please refer to the anti-money launder procedures guide available on our website.

### ID Record

Verify from

### Document 1

Certified copy

### Document 2

Certified copy

Please attach a certified copy of valid identification documents to this form.

## 15. Identification Verification

I state that I have carried out all necessary identification verification and am satisfied that the transferee's identity as detailed above is true and accurate.

Name

Designation of Authority

Telephone

AFSL Name (If applicable)

AFSL No. (If applicable)

Signature

Date verified

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---