

# INVESTMENT FUNDS UNIT TRANSFER FORM



Please use this form for the transfer of legal ownership of units in the:

- ANZ Investment Funds
- OneAnswer Multi-Asset-Class Funds, or
- OneAnswer Single-Asset-Class Funds.

Please use block letters.

Marking stamp

## 1. NAME OF EXISTING UNITHOLDER (TRANSFEROR)

If the transfer form is signed by a person(s) other than the unitholder, please insert the full name and relationship to the unitholder (e.g. attorney).

Full name of fund(s)

Quantity (units)

Unitholder(s) full name(s)

Title	First name(s)	Surname
Title	First name(s)	Surname
Title	First name(s)	Surname

**or** Company/Trust/Partnership/Estate name

Relationship to unitholder (if applicable)

Full postal address

Postcode

Investor number

Unitholder(s)/attorney(s) sign here

Date of signature

I/We hereby request to transfer the securities described above to the person(s) named below.

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## 2. NAME OF PURCHASER OF UNITS (TRANSFeree)

If the transferee(s) is not an existing investor(s) with ANZ Investments, please complete the relevant application form.

Full name(s) of transferee

Title	First name(s)	Surname
Title	First name(s)	Surname
Title	First name(s)	Surname

or Company/Trust/Partnership/Estate name

Full postal address	Postcode
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Buyer(s)/transferee(s) sign here

Date of signature

D	D	M	M	2	0	Y	Y
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Investor number (if existing investor)

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I/we request that such entries be made in the fund register as are necessary to give effect to this transfer.

For registrar use

## 3. IDENTIFICATION (IF SIGNED UNDER POWER OF ATTORNEY)

Persons signing transfers under power of attorney must complete the certificate of non-revocation in section 4 and attach the following:

- a certified copy of the power of attorney
- a certified copy of **one** of the following (which must be current) to verify the attorney's identity:
  - passport
  - firearms licence
- a certified copy of **one** of the following (which can't be more than three months old) to verify the attorney's residential address:
  - bank statement
  - power bill
  - home phone bill
  - Inland Revenue statement

See [anz.co.nz/myid](http://anz.co.nz/myid) for a full list of acceptable documents and a description of ways documents can be certified.

## 4. CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I Full name

of Address

	Postcode
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Occupation

hereby certify:

1. that by deed dated (date of instrument creating the power of attorney)

D	D	M	M	Y	Y	Y	Y
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Full name of donor of power of attorney of

Place and country of residence of donor appointed me his / her / its (delete if inapplicable) attorney.

2. that I have not received notice of any event revoking the power of attorney.

Signed at (place) on

D	D	M	M	2	0	Y	Y
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Signature