

Please ensure you complete all details below and post to: **PO Box 31, Ballina NSW 2478** or fax to **02 6686 6288**.

Requirements for transfer of investment:

- This transfer request must be signed by the investor personally or by his or her attorney
- A transfer request by a company must be signed by its authorised officer or signed by its authorised attorney(s)

Name of Investor(s)

.....

.....

**Investor No.
(From)**

.....

Please transfer units from **Richmond Income** to **Richmond Income Plus**
or
 Please transfer units from **Richmond Income Plus** to **Richmond Income**
(Delete which ever is not applicable)

**Investor No.
(To)**

.....

I/we advise this investment is to operate in accordance with the authority already held by Richmond Mortgage Fund. Should you wish to amend these instructions, a "Change of Signatory" authority will need to be completed.

I/we hereby acknowledge the transfer will be actioned 90 days after receipt at this office.

Authorised Signature(s)

Signature Print name.....

Signature Print name.....

Date

If you would like a copy of our Privacy Policy or want to access or amend your personal information, please contact our Privacy Officer on **02 6686 6055** or see our website **www.rmfund.com.au**

Office Use Only

Journal: Signature check:

Dated: Balance check: Verified by: