

NON - ACAT TRANSFER OUT OF COMMSEC - TRANSFER TO BOOK

Commonwealth Securities Limited ABN 60 067 254 399 AFSL 238814 (CommSec) A Participant of the ASX Group Commonwealth Securities Limited Locked Bag 22 Australia Square NSW 1215 Phone: 1300 361 170 Fax: 1300 369 526 commsec.com.au

IMPORTANT INFORMATION

READ BEFORE PROCEEDING

This form is for clients who are electing to go to a share registry/transfer agent that is using a non-ACAT process, and will only be actioned for eligible stocks.

	to CommSecInternationalDesk@o		
REASON FOR TRANSFER			
TRANSFER TO BOOK			
Pershing Account Name:			Pershing Account Number:
eraining Account Name.			Pershing Account Number.
SECURITY DETAILS			
viote: Only for eligible stocks	Quantity	CUSIP / ISIN / SYME	OL / SEDOL / CINS
	Quantity	CUSIP / ISIN / SYMB	OL/SEDOL/CINS
viote: Only for eligible stocks	Quantity	CUSIP / ISIN / SYMB	OL/SEDOL/CINS
viote: Only for eligible stocks	Quantity	CUSIP / ISIN / SYMB	OL/SEDOL/CINS
viote: Only for eligible stocks	Quantity	CUSIP / ISIN / SYMB	OL/SEDOL/CINS
viote: Only for eligible stocks	Quantity	CUSIP / ISIN / SYMB	OL/SEDOL/CINS
viote: Only for eligible stocks	Quantity	CUSIP / ISIN / SYMB	SOL / SEDOL / CINS
viote: Only for eligible stocks	Quantity	CUSIP / ISIN / SYMB	Contact Number:
Note: Only for eligible stocks Company Name Name on Account:	Quantity	CUSIP / ISIN / SYME	
lote: Only for eligible stocks Company Name	Quantity	CUSIP / ISIN / SYMB	
Note: Only for eligible stocks Company Name Name on Account:	Quantity	CUSIP / ISIN / SYME	



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ACKNOWLEDGEMENT		
I/We understand and acknowledge that all the informati this information when actioning your request. You agree CommSec and Pershing actioning your request.		rrect and agree that CommSec and Pershing will rely on st all costs; expenses and losses incurred as a result of
Delivering account holder acknowledgement:		
Account Holder / Director /Trustee 1		
Name	Date	Client 1 Signature
	DD / MM / YYYY	
		×
Account Holder / Director /Trustee 2		
Name	Date	Client 2 Signature
	DD / MM / YYYY	
		×
Account Holder / Director /Trustee 3		
Name	Date	Client 3 Signature
	DD / MM / YYYY	
		×
Account Holder / Director /Trustee 4		
Name	Date	Client 4 Signature
	DD / MM / YYYY	
		×