PLEASE SEND COMPLETED FORM TO:

 By Email:
 smallco@smallco.com.au
 Further Information:

 By Fax:
 (02) 8256 1010
 T: (02) 8256 1000

By Post. GPO Box 4564, Sydney NSW 2001 E: <u>smallco@smallco.com.au</u>



STANDARD TRANSFER FORM

Please complete in	black or blue pen and use CAPITAL	letters.		
Fund Name:	Smallco Investment Fund	Smallco Broadcap	Fund	Both
1. Seller(s) Details				
Investor Name:				
Investor Number:				
Contact Details				
Contact name:		Contact phone:		
Contact email:				
2. Transfer Amoun	t (please select one)			
Full Holdings				
Partial Holdings	– Number of Units to be transferred	l:	UNITS	
3. Buyer(s) Details				
Full name(s) of buye	er(s), and			
Investor Number (if applicable):				
Note: Please compl for a copy of the app	ete an application form if you don't h blication form.	nave an investor number as a b	ouyer. Please vis	it <u>www.smallco.com.au</u>
The buyer(s) agree(s) receives the complete I/we acknowledge that) to the buyer(s) for the units and subject to accept the units on those terms. The documents relating to this transfer includ any personal information I/we provide to the can be posted / emailed to us if we co	e value of the units is calculated u ing an application forms (if applical to Smallco will be collected and ha	ising the unit price ble). andled in accordan	of the day when Smallco
	paperwork relating to my/our investment			
Seller signature		Seller signature		
Print Name		Print Name		
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)		I / Sole Director/ ctor/ Trustee
Date		Date		
Buyer signature		Buyer signature		
Print Name		Print Name		
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)		I / Sole Director/ ctor/ Trustee
Date		Date		