STANDARD UNIT TRANSFER FORM
PASSIVE INCOME (USA COMMERCIAL PROPERTY) FUND

This Standard Unit Transfer Form relates to an investment in the Passive Income (USA Commercial Property) Fund ARSN 155 770 095 (Fund) issued by Plantation Capital Limited ABN 65 133 678 029, AFSL No. 339481, as Responsible Entity for the Fund.

Affix Stamp Duty Here	Marking Stamp

Instructions

Please use blue or black pen and print in BLOCK LETTERS.

UNIT TRUST/TRUSTEE DETAILS (IF APPLICABLE)

Full name of Unit Trust

Full name of Trustee

DESCRIPTION OF SECURITIES

Class: ORDINARY

If not fully paid, paid to: FULLY PAID

Investor Number

QUANTITY

Words

Figures

TRANSFEROR/S [SELLER/S] DETAILS

Given name/s

Surname/s

Consideration

Date of Purchase: D D / M M / Y Y Y Y

TRANSFEREE/S [BUYER/S] DETAILS

Title

Given name/s

Surname/s

Address

Suburb

State Postcode

Country

Investor Number (if an existing investor)

UNIT TRUST/TRUSTEE DETAILS

Removal request Please enter the above securities on the

D D / M M / Y Y Y Y

Register

I/We the registered holder(s) and undersigned seller(s) for the above consideration do hereby transfer to the above names(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above-named Trust, subject to the several conditions on which I/We held the same at the time of signing hereof and I/We the Buyer(s) do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.

SIGNATURES

Transferor/s [Seller/s] signature's

Transferor [Seller] 1

✘ SIGN HERE

Name

Date D D / M M / Y Y Y Y

Transferor [Seller] 2

✘ SIGN HERE

Name

Date D D / M M / Y Y Y Y

Transferee/s [Buyer/s] signature's

Transferee/s [Buyer/s] 1

✘ SIGN HERE

Name

Date D D / M M / Y Y Y Y

Transferee/s [Buyer/s] 2

✘ SIGN HERE

Name

Date D D / M M / Y Y Y Y

INTERNAL USE

Date received		D D / M M / Y Y Y Y	Investor verified	
Changes approved		D D / M M / Y Y Y Y		
Accounting	Date entered	D D / M M / Y Y Y Y	Entered by	
Database	Date entered	D D / M M / Y Y Y Y	Entered by	