

STANDARD UNIT TRANSFER FORM STRATEGIC OPPORTUNITIES (GROWTH & INCOME) FUND

This Standard Unit Transfer Form relates to an investment in the Strategic Opportunities (Growth & Income) Fund ARSN 668 357 837 (SOGIF or Fund) issued by Plantation Capital Limited ABN 65 133 678 029, AFSL No. 339481, as Responsible Entity for the Fund.

Instructions

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

Name of Unit Trust	Strategic Opportunities (Growth & Income) Fund
Responsible Entity	Plantation Capital Limited
Class of Units	Fully Paid Ordinary Units
Number of Units to transfer	

TRANSFEROR/S [SELLER/S] DETAILS

Account name/s	
SOGIF Investor Number	F <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Consideration Received	
Date of Sale	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TRANSFeree/S [BUYER/S] DETAILS

Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name/s	
SOGIF Investor Number	F <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	
Suburb	
State	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country	
Date of Transfer	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TRANSFER REQUEST

Transfer Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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] Authorised signatories

**Transferor
[Seller] 1**

X SIGN HERE

Name

Capacity
(eg. Director, Trustee)

Date / /

**Transferor
[Seller] 2**

X SIGN HERE

Name

Capacity
(eg. Director, Trustee)

Date / /

Transferee/s [Buyer/s] Authorised signatories

**Transferee/s
[Buyer/s] 1**

X SIGN HERE

Name

Capacity
(eg. Director, Trustee)

Date / /

**Transferee/s
[Buyer/s] 2**

X SIGN HERE

Name

Capacity
(eg. Director, Trustee)

Date / /