

Please note that a separate authority will be required for each Fund/Plan Manager. If transferring from more than one Fund/Plan Manager, please request more Transfer Authority Forms from Chelsea. Any reference to Cofunds on this form, now means Aegon.

Please complete all details requested.

Name of Fund Manager (from whom you wish to transfer):
Address
Postcode
Account Reference with the above Fund Manager:

Existing Client Reference

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I hereby transfer my entire holdings in the funds listed below to Cofunds Nominees Limited, with immediate effect. Please forward confirmation to Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY. I also authorise Cofunds to submit all information contained in this Transfer Authority to the Registrar of the Fund/Plan Manager named opposite and request that the register be updated as necessary to give effect to this transfer. I confirm that the re-registration of the funds listed will not change the beneficial ownership from (or among) the current holder(s). I confirm that this transaction is exempt from SDRT by virtue of paragraph 6 of Schedule 19 of the Finance Act 1999.

Signature(s) Corporate investors please state capacity of signatory and sign under the company seal.

Primary holder signature X	Date
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Capacity (if applicable)

Second holder signature X	Date
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Capacity (if applicable)

Please note: All joint holders must sign the form.

Client Name(s) as they are registered with the above Fund Manager/Plan Manager. Please print in BLOCK CAPITALS.

Primary holder
Address of primary holder
Postcode
Second holder

1 Designations

<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>									Please provide any current designations.
	Please note that a separate authority form will be required for each designated holding.								

2 Details of the funds to be re-registered

Please ensure that the share class of the fund(s) you wish to re-register are available on the Cofunds Platform and are compatible with your investment service.

Fund name	Share class	Type of unit/share (tick as appropriate)*
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
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		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>
		ACC <input type="checkbox"/> INC <input type="checkbox"/>

*If you do not specify ACC or INC in this column, Cofunds will not be able to process your application. If you have chosen income units/shares, please ensure you complete Section 6 of the Investment Funds Transfer Application for income to be paid to you.