Unit transfer form

MARQ Private Registry Pty Ltd ABN 89 575 134 353

Full name of Fund Manager

MARQ Private Funds Pty Ltd

Name of Fund

Class of units

No. being transferred

Full registered name(s) of transferor(s) (seller(s))

ATF (if applicable)

Consideration and transfer date

A$, , . Transfer date: / /

Full registered name of transferee(s) (buyer(s))

ATF (if applicable)

Full address of transferee(s) (buyer(s))

City/Suburb/Town

State

Post code

Country

I/We the registered holder(s) and undersigned seller(s) for the above consideration do hereby transfer to the above name(s) hereinafter called the Buyer(s) the securities as specified above standing in my/our name(s) in the books of the above-named Fund Manager, 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 to the same conditions. I/We the signatory(ies) for the buyer(s) have all requisite power and authority to execute this Transfer Form. 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.

Transferor(s) (seller(s)) sign here

Date signed / /

Transferee(s) (buyer(s)) sign here

Date signed / /

IMPORTANT NOTE: Units will only be transferred in accordance with the terms of the Constitution or Trust Deed governing the Fund. Transferee's (Buyers) MUST have received the Information Memorandum or other disclosure document and any supplementary disclosure document issued in relation to the Fund, complete the Application Form and provide identification documents as required by the Application Form.

Postal correspondence

ALL REGISTRY COMMUNICATIONS TO:

MARQ Private Registry Pty Ltd
PO Box 16148
COLLINS STREET WEST. VIC. 8007
Phone: **+61 3 9005 9282**,
Fax: **+61 3 9005 9283**
Email: **registry@marq.com.au**