

Email the completed form to: equity.lending@nab.com.au			Attention NAB Equity Lending contact name	
Client details				
SMSF trustee name		Name of SMSF		
		<		>
Transfer share/s		- L		
Transfer securities listed below from NMS Nomine Name of broker	Participant Identifier (PID			/ ion Number (HIN)
		1		
ASX code Security name				Quantity
L L				
L L				
Transfer managed funds				
	6			
Transfer managed fund investments listed below APIR code Name of manag		d to my/our SMSF		Number of units
Applicant signatures				
This form must be signed by the Applicant or	their Authorised Repre	sentative.		
Director 1/Sole Director/Trustee 1/Authorised Repres	Director 2/Trustee 2/Authorised Representative			
×		×		
Full name		Full name		
Contact number	Date	Contact number		Date
	1 1			1 1