

FUND NAME

Date:

Company name:

Contact person:

Phone number:

Fax number:

E-mail address:

The application form when completed should be sent to:

CACEIS Luxembourg
Fund Distribution Services
5, allée Scheffer
L-2520 Luxembourg
Grand Duchy of Luxembourg
Telephone Number: (352) 47 67 59 99
Facsimile Number: (352) 47 67 70 37

TRANSFER ORDER

Transferor Designation :
 A/C number :

Transferee Designation :
 A/C number :

ISIN code	Fund Name	Nb of shares**	Trade Date***	Settlement Date***

** Decimal separator “,”

*** If applicable

Authorized Signature