

**YIELD ALPHA LIQUIDATING TRUST :**

**Name of Trust:** \_\_\_\_\_ **Holder Number:** \_\_\_\_\_

**FORM FOR TRANSFER OF UNITS**

To be completed in every detail

To: Yield Alpha Liquidating Trust Registry

Email: info@yaltregister.com

Note : Please complete this form and email to the email address noted above. You may return the original form and supplementary documents to the address above by mail.

FOR THE CONSIDERATION stated below the "Transferor" hereby transfers to the "Transferee" the Units specified below subject to the several conditions on which those Units are now held by the Transferor, and the Transferee hereby agrees to accept and hold these Units subject to these conditions.

Number of Units: (Figures) \_\_\_\_\_ (Words)

If the following section is not completed, the unit transfer will be processed on a first-in, first-out basis.

Please note units are held in book entry and no physical certificate will be issued.

<b>TRANSFEROR(S)</b> Name(s) in full in block letters in English	(1) _____ _____ _____ (2) _____ _____ _____
<b>TRANSFEE(S)</b> Name(s) and address in full in block letters in English	Names(s) in English (1) _____ Address: _____ Telephone No.: _____ Occupation: _____ Facsimile No.: _____ (2) _____ Address: : _____ Telephone No.: _____ Occupation: _____ Facsimile No.: _____

Existing Unitholder (please mark "X" in this box) ☐

Note : In addition to this transfer form, the Transferee must complete sections below. Further, the Transferee should provide a copy of their relevant authorised signatures list.

SIGNED by the parties to this transfer this \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE OF TRANSFEROR(S)

(1) \_\_\_\_\_

in the present of

SIGNATURE OF WITNESS \_\_\_\_\_

Address \_\_\_\_\_

(2) \_\_\_\_\_

in the present of

SIGNATURE OF WITNESS \_\_\_\_\_

Address \_\_\_\_\_

SIGNATURE(S) OF TRANSFEE(S)

(1) \_\_\_\_\_

in the present of

SIGNATURE OF WITNESS \_\_\_\_\_

Address \_\_\_\_\_

(2) \_\_\_\_\_

in the present of

SIGNATURE OF WITNESS \_\_\_\_\_

Address \_\_\_\_\_

**The following information is required to be submitted with the Transfer Form:**

**1. Individuals / joint subscribers:**

- (a) a certified copy of a passport;
- (b) a certified copy of a document evidencing permanent address (e.g. a recent bank statement or a utility bill);
- (c) a bank reference letter.

**2. Corporates:**

- (a) a certified copy of the list of authorised signatories;
- (b) a certified copy of the certificate of incorporation (and any certificate of incorporation on change of name) or its equivalent;
- (c) a certified copy of memorandum and articles of association or its equivalent;
- (d) a certified extract of the register of directors / excerpt from the trade register held at the relevant chamber of commerce/ certificate of incumbency or a certified list of directors showing names and residential addresses;
- (e) details of registered office and place of business;
- (f) a copy of the latest audited financial statements, if available;
- (g) evidence of investor's authority to make the investment (a certified copy of the relevant board resolution);
- (h) a certified copy of (i) the passport and (ii) a document evidencing permanent address of all directors, authorised signatories and each shareholder with an interest of 10% or more (controlling beneficial owner).

*NOTE: A regulated Financial Institution in a country recognised as having equivalent anti-money laundering legislation to the Cayman Islands or a subsidiary thereof may submit a written confirmation of registration (and the subsidiary/parent relationship, if applicable) in lieu of items 2(b) to 2(h) above. Please identify the regulator's name, address and contact details (including website) and the investor's regulation/reference number in the written confirmation or submit a copy of the certificate of registration.*

**3. Partnerships and unincorporated businesses:**

- (a) a certified copy of the partnership agreement;
- (b) a certified copy of the certificate of registration, if any;
- (c) a list of general partners showing names and residential addresses;
- (d) a certified copy of the list of authorised signatories;
- (e) a copy of the latest audited financial statements, if available;
- (f) evidence of investor's authority to make the investment;
- (g) a certified copy of (i) the passport and (ii) a document evidencing permanent address of all general partners, authorised signatories and for each limited partner with an interest of 10% or more (controlling beneficial owner).

4. **Trusts:**

- (a) a certified copy of the trust deed or declaration of trust or its equivalent;
- (b) a certified copy of the certificate of registration of trust, if any;
- (c) a list of trustees, showing names and residential addresses, and a certified copy of the licence of the trustee(s) (if applicable);
- (d) a certified copy of the list of authorised signatories;
- (e) a copy of the latest audited financial statements, if available;
- (f) evidence of investor's authority to make the investment (a certified copy of the relevant trustee resolution);
- (g) a certified copy of (i) the passport and (ii) a document evidencing permanent address of all trustees, authorised signatories and for each beneficiary with an interest of 10% or more.

**Additional documentation may be requested, if deemed necessary by the Administrator or the Sub-Administrator to verify the identity of an investor.**

**GENERAL INSTRUCTIONS FOR COMPLETION OF FORMS**

- The passport copy must show the following: legible photo ID, legible signature, number and country of issuance, issue and expiry dates, full name, date and place of birth, nationality.
- Where documents are not in English, a notarised translation is required.
- A certifier must be a suitable person, such as a lawyer, accountant, director or manager of a regulated credit or financial institution, a notary public or a member of the judiciary. The certifier should sign the copy document (printing his/her name clearly underneath) and clearly indicate his/her position or capacity, together with a contact address and phone number. The certifier must indicate that the document is a true copy of the original and that the photo is a true likeness of the individual.
- Proof of permanent address is usually provided by way of the bank reference or an original/certified copy of a recent utility bill.

## YIELD ALPHA LIQUIDATING TRUST :

**1. REGISTRATION NAME** Please record my/our holding in the units of the Liquidating Trust in the name and with the contact details as set out below (If you are transferring in joint names, please complete details for Transferee 1 and Transferee 2)

### ENTITY DETAILS

COMPANY NAME (if applicable)

or TRUSTEE NAME

TRUST NAME

or ACCOUNT NAME

ADDRESS and CITY

STATE

POSTCODE

COUNTRY

TELEPHONE

+

FACSIMILE

+

EMAIL ADDRESS

PRINCIPAL BUSINESS  
ACTIVITIES

SOURCE OF FUNDS

### PERSONAL DETAILS

**Transferee 1:** TITLE

FIRST NAME

(Main Contact person in case  
of corporate entity)

FAMILY NAME

DATE OF BIRTH

PERMANENT ADDRESS  
(no P.O. Boxes will be accepted)

ADDRESS and CITY

STATE

POSTCODE

COUNTRY

MAILING ADDRESS  
(if different from above)

ADDRESS and CITY

STATE

POSTCODE

COUNTRY

TELEPHONE

+

FACSIMILE

+

EMAIL ADDRESS

**YIELD ALPHA LIQUIDATING TRUST :**

OCCUPATION			
SOURCE OF FUNDS			
<b>Transferee 2:</b>	TITLE	FIRST NAME	
(2 <sup>nd</sup> Contact person in case of corporate entity)			
FAMILY NAME			
DATE OF BIRTH		-	
PERMANENT ADDRESS (no P.O. Boxes will be accepted)			
ADDRESS and CITY			
STATE		POSTCODE	
		COUNTRY	
MAILING ADDRESS (if different from above)			
ADDRESS and CITY			
STATE		POSTCODE	
		COUNTRY	
TELEPHONE	+		
FACSIMILE	+		
EMAIL ADDRESS			
OCCUPATION			
SOURCE OF FUNDS			
<b>PAYMENT DETAILS</b>			
BANK			
ADDRESS OF CORRESPONDENT BANK			
SWIFT BIC			
ABA NUMBER			
BANK OF BENEFICIARY			
SWIFT BIC			
BENEFICIARY BANK ACCOUNT NUMBER			
BENEFICIARY CUSTOMER A/C NAME			
(must be the same as the registered name of the Unitholder(s))			

**YIELD ALPHA LIQUIDATING TRUST :**

FOR FURTHER CREDIT (if any)

ACCOUNT NUMBER (if any)

UNDER REFERENCE

**2. FINANCIAL ADVISER and INTERMEDIARY**

(If applicable) Print name, date and sign clearly within the box

ADVISER ENTITY

ADVISER'S NAME

TELEPHONE

-

FAX

-

EMAIL

SIGNATURE (S)

DATE

-

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