



TRANSFER OF FUND UNITS

Transfer of funds units in Calgus between natural or legal persons.

Current holder / Transferor

*Full name	*Social security number/ Corporate register number
*Postal Address	*Telephone number daytime (incl. area code)
*Zip code and city	*E-mail
*Country (if other than Sweden)	*Residence for tax purposes (if another country than Sweden)
*Legal guardian's name (if applicable)	*Legal guardian's personal identification number (if applicable)
*Legal guardian's social security number (if applicable)	*Legal guardian's social security number (if applicable)

New holder / Transferee

If the transferee is not yet a customer at Sivers Urban Fonder AB the transferee must fill out the Application form and the Know-your-customer form and attach it to this form. Both forms are available at www.siversurban.se.

*Full name	*Social security number/ Corporate register number
*Postal Address	*Telephone number daytime (incl. area code)
*Zip code and city	*E-mail
*Country (if other than Sweden)	*Residence for tax purposes (if another country than Sweden)
*Legal guardian's name (if applicable)	*Legal guardian's personal identification number (if applicable)
*Legal guardian's social security number (if applicable)	*Legal guardian's social security number (if applicable)

Please note that the transferee acquires the fund units to the transferor's original acquisition value. The value of the fund units equals therefore the original acquisition value and thus *not* the value of the fund units per the day of transfer. It is free of charge to transfer funds.



Enter the number of fund units OR the amount in Swedish kronor OR % of the total holding

DOCUMENTS TO BE ATTACHED

Natural persons:

- Certified copy of a valid ID (e.g valid drivers license, certified ID-card or passport issued after the end of 1997)
- Completed Application form and Know-your-customer form

Legal persons (companies, foundations etc):

- A certified copy of the legal persons registration certificate (issued no later than the last three months), a certified copy of the contact persons passport or ID, a certified letter of attorney if the contact person is someone else than an authorized signatory and a document (certified extract from the share ledger or equivalent) stating the shareholders who own 25 % of the legal persons shares or more.
- Completed Application form and Know-your-customer form

The issue of the fund units may be postponed or waived if the required documents has not been filed in.

Signature - Transferor

I/We hereby instruct Sivers Urban Fonder AB to register the transfer of the fund units as stated in the above. Please note that in case the account is jointly owned, all unit-holders shall sign the form.

Date and place

Signature

Printed name

*Legal guardian's signature (if applicable)

*Legal guardian's signature (if applicable)

Please post the subscription form including other documents to
Sivers Urban Fonder AB
Sibyllegatan 49 11442 Stockholm