



Asset Transfer Form

Please complete all sections to avoid a delay in processing

Please complete this form if you wish to transfer your assets from other brokers into a new or existing BlackBee Investments account. If you are transferring assets from more than one existing broker, please complete separate forms for each broker.

Section 1: Investor Details

First Investor Name: _____

Address: _____

Email address: _____ Date of birth: _____

Second Investor Name: _____

Address: _____

Email address: _____ Date of birth: _____

Section 2: Existing Broker Details

Name: _____

Address: _____

Account Number: _____

Assets to transfer: All assets: Selection of assets: If selection, please specify:

Security identifier: _____ Quantity: _____

Security identifier: _____ Quantity: _____

Security identifier: _____ Quantity: _____

All transfers are to be done in their existing format e.g. shares/units/cash.

Section 3: Transfer Instructions to Existing Broker

Please arrange the transfer of my existing assets to BlackBee Investments.

1. Please quote my name as a reference when transferring assets.
2. Please acknowledge receipt of these instructions to BlackBee Investments and to me.
3. Please supply BlackBee Investments with any information they require about my assets.
4. Liaise with BlackBee Investments Transfer Team whom I have already informed of my transfer request.
5. Please send a closing statement for my Nominee holdings to both BlackBee Investments and me.

Section 4: Declaration

I/We declare that (i) this form has been completed to the best of my/our knowledge and that this transfer constitutes no change in beneficial ownership. (ii) I/We have read, understand and agree to be bound by BlackBee Investments Terms of Business which are available at www.blackbee.ie or through your Financial Advisor.

Signature 1: **X** _____ **Date:** ____/____/____

Signature 2: **X** _____ **Date:** ____/____/____

Where to send this form

Pension Investors: send original to your Pension Provider to countersign and then post to BlackBee Investments, Ground Floor, City Quarter, Lapps Quay, Cork. Please note you may need to fill out additional documentation with your Pension Provider in addition to this form. Please contact your Pension Provider for any requirements they may have.

All Other Investors: send original by post to: BlackBee Investments, Ground Floor, City Quarter, Lapps Quay, Cork.

Form **W-8BEN**

(Rev. February 2014)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- A person acting as an intermediary W-8IMY

Instead, use Form:

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	6 Foreign tax identifying number (see instructions)
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the reasons the beneficial owner meets the terms of the treaty article: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here



Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)