



POMONA INVESTMENT FUND

TRANSFER FORM
(MUST BE ACCOMPANIED BY A NEW SUBSCRIPTION DOCUMENT)

RETURN TO

Pomona Investment Fund
c/o UMB Fund Services
PO Box 2175
Milwaukee, WI 53201

OVERNIGHT DELIVERY

Pomona Investment Fund
c/o UMB Fund Services
235 W. Galena Street
Milwaukee, WI 53212

INVESTOR SERVICES

Toll-Free Number:
844-2-POMONA (844-276-6662)
Fax: 816-860-3140

Processing time is approximately 60 days after the quarter end in which this form
is received in good order at our Transfer Agent, UMB Fund Services

Section 1 - Transfer from the Following Account

Investor Name

Investor Account Number

Social Security/
Taxpayer ID Number

Joint Owner Name

Social Security/
Taxpayer ID Number

REASON FOR TRANSFER:

Transfer to/from a Custodial Account Gift Re-Registration Other (specify)

Section 2 - Amount to Transfer

All Shares to be transferred Partial transfer of Shares or % (percentage)
(Each account must have the minimum account size or all Shares will be transferred)

Section 3 - Transferee Ownership Type

SINGLE OWNER

(Complete Part A of Section 4 below)

Individual
IRA
(Complete Parts A and C of Section 4 below)

MULTIPLE OWNERS

(Complete the applicable parts of Section 4 below)

Community Property
Tenants in Common
Joint Tenants with Rights
of Survivorship

OTHER ACCOUNT

(Complete Part B of Section 4 below and attach trust or
other organizational documentation)

Trust
Corporation
Qualified Pension

Section 4 – Transferee Information

Investor Name _____

A

**Social Security/
Taxpayer ID Number** _____ **Date of Birth** _____

Joint Owner Name _____

**Social Security/
Taxpayer ID Number** _____ **Date of Birth** _____

Mailing Address

(Street)

(City/State) (Zip Code)

(Phone Number)



Trust/Corp/Other _____

B

**Social Security/
Taxpayer ID Number** _____ **Date of Trust/Formation** _____

Mailing Address

(Street)

(City/State) (Zip Code)

**Trustee(s)/Authorized
Person(s)** _____

**Social Security/
Taxpayer ID Number** _____ **Date of Birth** _____

Mailing Address

(Street)

(City/State) (Zip Code)

(Phone Number)



Name of Custodian _____

C

Taxpayer ID Number _____ **Account Number** _____

Mailing Address

(Street)

(City/State) (Zip Code)

Section 5 – Financial Advisor Information

RIA Firm/Broker Dealer Firm Name

Branch Number

Investor Representative/Financial Advisor Name (First, Middle, Last)

Advisor Number

Mailing Address

(Street)

(City/State)

(ZIP Code)

Section 6 – Transferor Authorization and Signatures (Custodial accounts also require custodial authorization)

The undersigned hereby authorizes and instructs Pomona Investment Fund and its affiliates and agents to implement the transfer of Shares pursuant to the instructions provided on this form. The Transferor further agrees that none of the Fund, its board of trustees or any of their respective affiliates shall be responsible for any loss incurred as a result of such transfer.

Signature of Transferor or Authorized Person

Signature of Joint Transferor or Authorized Person

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Medallion Signature Guarantee
(Required)

Date (mm/dd/yyyy)

Custodian Authorization
(Required for custodial accounts)

Date (mm/dd/yyyy)

Section 7 – Transferee Authorization and Signatures (Custodial accounts also require custodial authorization)

The undersigned hereby authorizes and instructs Pomona Investment Fund and its affiliates and agents to implement the transfer of Shares pursuant to the instructions provided on this form. The Transferee further agrees that none of the Fund, its board of trustees or any of their respective affiliates shall be responsible for any loss incurred as a result of such transfer.

_____ Signature of Transferee or Authorized Person	_____ Signature of Joint Transferee or Authorized Person
_____ Date (mm/dd/yyyy)	_____ Date (mm/dd/yyyy)

Custodian Authorization (Required for custodial accounts)
_____ Date (mm/dd/yyyy)

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