| Company or Tr         | ust in which Securityholding is held | Computershare                         |
|-----------------------|--------------------------------------|---------------------------------------|
|                       |                                      | All correspondence to:                |
| Registered<br>Name(s) |                                      |                                       |
| Registered<br>Address |                                      |                                       |
|                       |                                      | Securityholder Reference Number (SRN) |

# Use a <u>black</u> pen. Print in CAPITAL letters. A B C 1 2 3

## **Intestacy Request and Indemnity**

| Description of Securities   |  |                   | Number of      | Securities h | eld          |              |                 |               |
|---|--|-------------------|----------------|--------------|--------------|--------------|-----------------|---------------|
|   |  |                   |                |              |              |              |                 |               |
| Full name of person(s) mak  | king application                             |                   |                |              |              |              |                 |               |
|   |  |                   |                |              |              |              |                 |               |
| Relationship to deceased hol                                      | lder   |                   |                |              |              |              |                 |               |
| F   |  |                   |                |              |              |              |                 |               |
|   |  |                   |                |              |              |              |                 |               |
| New Address Details OR Po   |  | r mail details (i | f applicable)  |              |              |              |                 |               |
| Unit Street Number  | Street Name                                  |                   |                |              |              |              |                 |               |
|   |  |                   |                |              |              |              |                 |               |
| City / Suburb / Town  |  |                   |                |              |              | State        | Po              | stcode        |
|   |  |                   |                |              |              |              |                 |               |
|   |  |                   |                |              |              |              |                 |               |
| Details of Death<br>Day Month                                     | Year   | Time              |                |              |              |              |                 | State         |
| /   | 1  | Time              |                |              |              |              |                 |               |
| 1   | /  |                   |                |              |              |              |                 |               |
| I/We warrant that I am/we are<br>To the best of my/our knowledg   |  |                   |                |              |              |              | een applied for | or granted.   |
| Due to the small value of the                                     | estate I/we do not int                       | end to apply fo   | r a grant of r | epresentatio | n and to the | best of my/c | our knowledge   | and belief no |
| grant will be applied for by ar<br>In consideration of the securi | ny otner person.<br>ity issuer recognising t | he above as o     | ne and the sa  | ame person   | I/we hereby  | covenant to  | indemnify and   | forever keep  |
| indemnified the security issue<br>and officers of Computershar    |  |                   |                |              |              |              |                 |               |
| demands, costs and expense  |  |                   |                |              |              |              |                 |               |
|   |  |                   |                |              |              |              |                 |               |
| Sign Here - This se   | ection <u>must</u> be s                      | signed for        | your inst      | ructions     | to be ex     | ecuted.      |                 |               |
| All Executor(s)/Administrator(s                                   | s) must sign                                 |                   |                |              |              |              |                 |               |
|   |  |                   |                |              |              |              |                 |               |
|   |  |                   |                |              |              |              | Month           | Voor          |
|   |  |                   |                |              |              | Day          | IVIOITI(I       | Year          |
|   |  |                   |                |              |              | 1            |                 |               |

### How to complete this form

#### A Intestacy Request and Indemnity

Complete this section by entering the type of securities and the number of securities held.

Enter the full name(s) of applicant(s) together with relationship to deceased and the address to which all future correspondence should be sent.

Write the date, time and the state in which death occurred in the space provided.

Important notice: if you are a broker sponsored holder in CHESS, do not send this completed form to Computershare Investor Services Limited. You must contact your sponsoring broker to lodge an Intestacy Request and Indemnity.



#### Signature(s)

You must sign this form as follows in the spaces provided:

Executor(s)/Administrator(s): all Executor(s)/Administrator(s) must sign.