

Company or Trust in which Investment is Held



All Correspondence to:

Full Name(s)
of Registered
Holding

Registered
Address

Form fields for Full Name(s) of Registered Holding and Registered Address.

Post Code

Securityholder Reference Number (SRN)

Form field for Securityholder Reference Number (SRN).

Request to Register Surviving Holders

Use a **black** pen. Print in **CAPITAL** letters inside the boxes.

A B C

1 2 3

A Register of Surviving Holders

Full Name of Surviving Holder 1

Form field for Full Name of Surviving Holder 1.

Full Name of Surviving Holder 2

Form field for Full Name of Surviving Holder 2.

Full Name of Surviving Holder 3

Form field for Full Name of Surviving Holder 3.

Address to be recorded on the register

Unit Street Number Street Name

Form fields for Unit, Street Number, and Street Name.

OR Post Office Box or other mail details (if applicable)

Form field for OR Post Office Box or other mail details.

City/Suburb/Town

State

Post Code

Form field for City/Suburb/Town.

Form field for State.

Form field for Post Code.

I/we am/are the surviving holder(s) of a joint holding of the securities described above.

The securities are held jointly with

Form field for name of joint holder.

deceased

As proof of death has now been provided, I/we request you register me/us as the holder(s) of the securities and agree to hold them under the same terms and conditions as previously held.

Contact Name

Form field for Contact Name.

Telephone Number - Business Hours

Form field for Telephone Number - Business Hours.

Telephone Number - After Hours

Form field for Telephone Number - After Hours.

B Sign Here – This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above.

All Surviving Holders must sign

Form field for signature 1.

Form field for signature 2.

Form field for signature 3.

Day/Date Month Year

Form field for Day/Date, Month, and Year.



How to complete this form

A Register of Surviving Holder(s)

Enter the names of the surviving holder(s) and the new address details that you wish to have recorded. Please note that only one address can be recorded. This should be the address for the delivery of all future correspondence.

Please also enter the name of the deceased joint holder where indicated.

Enter the name of a contact person and telephone number(s), these details will only be used in the event that the registry has a query regarding this form.

If you are a CHESSE sponsored holder you must advise your sponsoring broker.

B Signatures

This section must be signed by the surviving securityholder(s) whose name(s) appear in Section A.