

Company or Trust in which Investment is Held



All Correspondence to:

Full Name(s) of Registered Holding

Registered Address

Securityholder Reference Number (SRN)

Post Code

Statement and Indemnity for Holder who Died Intestate

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

A B C 1 2 3

A Statement and Indemnity for Holder who Died Intestate

Description of Securities

Number of Securities held

Full name of Person(s) Making Application

Relationship to Deceased Holder

New Address to be Recorded on the Register

Unit Street Number Street Name

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

City/Suburb/Town

State

Post Code

Date of Death

Time

State

I/we do solemnly and sincerely declare that I am/we are the next of kin entitled to apply for Letters of Administration of the estate. To the best of my/our knowledge and belief the deceased died without leaving a will and not grant of representation has been applied for or granted. Due to the small value of the estate I/we do not intend to apply for a grant of representation and to the best of my/our knowledge and belief no grant will be applied for by any other person.

Contact Name

Telephone Number - Business Hours

Telephone Number - After Hours

B Sign Here - This section must be signed and witnessed for your instructions to be executed

In consideration of the security issuer recognise the above as one and the same person I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, Computershare Investor Services Pty Limited and the directors and officers of Computershare Investor Services Pty Limited from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Applicant 1

Applicant 2

Applicant 3

Witness

Witness

Witness

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

Day/Date Month Year



How to complete this form

A Statement and Indemnity for Holder who Died Intestate

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.

Enter the details of death.

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.

B Signatures

You must sign this form in the spaces provided:-

Applicants: All applicants named on this form must sign.

Power of Attorney: To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form when you return it.

Witness: To be signed in the presence of a witness with their normal signature.