Deceased Estates Securities Administration Service Questionnaire

For Individual Holding

If you have elected to receive Link Market Services Limited's Deceased Estates Securities Administration Service please complete the following questionnaire, attach the necessary documentation and complete/attach your payment and return to Link Market Services Limited, Locked Bag A14, Sydney South NSW 1235.

The COST for this service is shown in the attached letter.

| 1 Deceased | 's details | | | |
|-----------------|----------------|--|--|--|
| | | | | |
| Deceased's Name | | | | |
| Deceased's | | | | |
| Address | | | | |
| | | | | |
| State | Postcode | | | |
| Date of Death | / / | | | |
| | Day Month Year | | | |

Please read the following carefully.

You will need to supply the following documentation to Link Market Services Limited as CERTIFIED COPIES ONLY. **Please do not send original documents.** A Certified Copy is a copy of the original document which has been certified to be a true copy of the original by a person authorised to do so under State or Federal law. This includes a Justice of the Peace, Chartered Accountant, Member of Police Force, etc.

A grant of Probate is an official court document stating that the Will is legally valid and the named Executor of the Will has the authority to administer the estate.

If you do not have a grant of Probate, you will need to supply a certified copy of the Death Certificate and the Will. A Will is a document setting out the wishes of the deceased for the distribution of their assets.

If there is no Will, you will need to supply Letters of Administration. This is an official court document appointing an Administrator, who is charged with the administration of the Estate of the deceased, similar to an Executor.

If you do not have Letters of Administration, you will need to supply the FULL NAME and ADDRESS of the deceased's Next of Kin. The Next of Kin is usually the surviving spouse. If there is no spouse, then the children of the deceased. If no children, then the parents of the deceased.

| he parents of the deceased. | | | | | | | | | | | | |
|--|-----------------|-----|----|--|--|--|--|--|--|--|--|--|
| 2 Documentation | | | | | | | | | | | | |
| Certified copies of a grant of Probate or Letters of Administration, unless you have already sent this to us. | Already sent | Yes | No | | | | | | | | | |
| N/A If the Probate has been granted in South Australia, you will need to send us a certified copy of the Section 121A (Registrar's) | | | | | | | | | | | | |
| Certificate in compliance with the South Australian Administration and Probate Act 1919. | | | | | | | | | | | | |
| Certified copy of the Death Certificate. A Medical certificate as to Cause of Death is not acceptable. | | Yes | No | | | | | | | | | |
| Certified copy of the Will. | | | | | | | | | | | | |
| 3 Full name and address of next of kin (if the deceased left no will) | | | | | | | | | | | | |
| Title | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |

Postcode

The FULL Address of the Executor

An Executor is the person(s) responsible for carrying out the terms of the Will. If there is more than one Executor please select one address as Link can only accept one address for the Executor.

| 4 Full | addre | SS | of | th | e e | xe | cut | or | | | | | | | | | | |
|--------|--------|----|----|----|-----|------|-----|----|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | |
| Α | ddress | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | State | | | | Po | ostc | ode | | | | | | | | | | | |

Who is to receive the Securities?

You have two options, Transmission or Transfer.

Transmission: The transmission of securities is changing the name under which the securities are registered from the deceased's name into the name of the Executor/Administrator to be then distributed to the beneficiaries of the estate.

Transfer: Securities can be transferred directly from the name of the deceased into the name of a beneficiary, beneficiaries or other persons.

Please note that if the Executor is also the beneficiary, the movement of securities from the deceased's name to the name of the beneficiary should be by way of TRANSFER and not Transmission.

| 5 Option to Transmit or Transfer Securities | | | |
|---|---------|---------|------|
| Do you want the securities transmitted to the Executor(s)? | Yes | No | |
| Do you want the securities transferred to the beneficiary(ies)? | Yes | No | |
| If there is more than one beneficiary, please indicate if the securities are to be held jointly or severally? | Jointly | y Sever | ally |

Please provide below FULL DETAILS of the Beneficiary or Beneficiaries. A beneficiary is the person named in the Will to inherit part or all of the estate of the Deceased. If there are more than three beneficiaries attach a separate sheet.

| ilso plea | se indica | te if a | ny o | f the | liste | ed b | enef | iciar | ies a | ire n | nino | rs, i. | e. ur | nder | 18 y | ears | of | age. | | | | | | | | |
|-----------|---|---------|------|-------|-------|--------|--------|-------|-------|---------|--------|--------|--------|------|--------|-------|--------|-------|-------|------|-------|-------|--------|----|-----|----|
| 6 Fu | II nam | e ar | nd a | ado | ire | SS | of I | bei | nef | icia | ary | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | ; | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | State | • | | | P | osto | ode | | | | | | | | | | | | | | | | | | Yes | No |
| | the beneficiary a minor? We are unable to transfer securities to a minor. If a beneficiary is a minor, we require the full name | | | | | | | | | | | | | | | 103 | 110 | | | | | | | | | |
| and add | nd address of the parent/guardian. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | State | | | | P | osto | ode | | | | | | | | | | | | | | | | | | Yes | No |
| | eneficiary a | | | | | ble to | o trar | nsfer | secu | ıritie | s to a | a min | or. If | a be | enefic | iary | is a ı | minoi | r, we | requ | ire t | he fu | ıll na | me | 163 | NO |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address | ; | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | State | • | | | P | osto | ode | | | | | | | | | | | | | | | | | | Yes | No |
| | eneficiary a | | | | | ble to | o trar | nsfer | secu | ıritie. | s to a | a min | or. If | a be | enefic | ciary | is a ı | minoi | r, we | requ | ire t | he fu | ıll na | me | res | NO |

| | t details | | | | | | | | | | | | |
|---|---|--|--|------------|--|--------------|------------|--------------------|--------------------|-------------|----------------------------|-------------------|--|
| Amount from abov | e (GST includ | ed in tota | l amount | charged. | A receip | ot will be | issued). | \$ | | | | | |
| | ONEY ORDER ink Market Se | | | | CF | REDIT C | ARD PAYME | ENT | | | | | |
| TYPE OF CARD (pl | ease mark box | x): | MASTE | RCARD | VI | SA | (Americar | Expres | s not accepted |) | | | |
| CARD NUMBER: | | | | | | | | | | | | | |
| EXPIRY DATE: | /20 | | | | CARD | VERIFIC | CATION NU | MBER: | | | ard number on of the card) | | |
| NAME ON CARD: | | | | | | | SIGNA | TURE: | | | | | |
| | lease provide the FULL NAME and PHONE NUMBER, including area code, of a person Link can contact. Also, please provide us with the FULL NAME and ADDRESS of the person to receive the completed forms for signing. 8 Full name of contact | | | | | | | | | | | | |
| 8 Full nam | e of con | tact | | | | | | | | | | | |
| Title | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | |
| number | | | | | | | | | | | | | |
| 9 Full nam | e and ac | ddress | for r | eturn | of c | ompl | eted fo | orms | | | | | |
| Title | | | | | | | | | | | | | |
| Addres | , | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| State | | Pos | tcode | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 10 Checklis | st: I have | e atta | ched | and c | ompl | leted | | | | | Please t | | |
| Payment for this s | ervice | | | | | | | | | | N/A | Yes | |
| Certified copy of a grant of Probate or Letters of Administration | | | | | | | | | | | | Yes | |
| Certified copy of a | grant of Prob | ate or Let | If Probate has been granted in South Australia, a certified copy of the Section 121A (Registrar's) Certificate in compliance | | | | | | | | | | |
| If Probate has bee | n granted in S | South Aust | tralia, a c | | opy of th | ne Sectio | on 121A (R | egistrar' | 's) Certificate in | n compliand | N/A | Yes | |
| If Probate has bee | n granted in S stralian Admin | South Aus nistration a | tralia, a c | | opy of th | ne Sectio | on 121A (R | egistrar' | 's) Certificate in | n compliand | | Yes | |
| If Probate has bee with the South Au- | n granted in S stralian Admin ne Death Cert | South Aus nistration a | tralia, a c | | opy of th | ne Sectio | on 121A (R | egistrar' | 's) Certificate in | n compliand | ce | | |
| If Probate has bee | n granted in S stralian Admin ne Death Cert | South Aus nistration a | tralia, a c | | opy of th | ne Sectio | on 121A (R | egistrar' | 's) Certificate in | n compliand | N/A | Yes | |
| If Probate has bee with the South Au- | n granted in S stralian Admin ne Death Cert ne Will | South Ausi nistration a cificate | tralia, a c | | opy of th | ne Sectio | on 121A (R | egistrar' | 's) Certificate ii | n complianc | N/A | Yes Yes | |
| If Probate has bee with the South Au Certified copy of t | n granted in S stralian Admin ne Death Cert ne Will | South Ausi histration a dificate Only one | tralia, a c and Proba | ate Act 19 | opy of th | ne Sectio | on 121A (R | egistrar' | 's) Certificate in | ı compliand | N/A | Yes Yes Yes | |
| If Probate has bee with the South Auditorial Certified copy of to the Certified copy of the The full address of | n granted in S stralian Admin ne Death Cert ne Will an executor. | South Ausinistration a cificate Only one f the bene | tralia, a c and Proba | ate Act 19 | opy of th | ne Sectio | on 121A (R | egistrar' | 's) Certificate in | ı compliand | N/A | Yes Yes Yes Yes | |
| If Probate has bee with the South Au: Certified copy of to the full address of the full names and | n granted in S stralian Admin ne Death Cert ne Will f an executor. d addresses of telephone nu | South Ausinistration a difficate Only one of the beneal o | tralia, a c and Proba please. ficiary(s) | ate Act 19 | opy of th | | on 121A (R | egistr a r' | 's) Certificate in | n compliand | N/A | Yes Yes Yes | |
| If Probate has bee with the South Australia Certified copy of the Certified copy of the The full address of the full names and Contact name and | n granted in Satralian Admin the Death Cert the Will fran executor. If addresses of telephone nu | South Ausinistration a difficate Only one of the beneal o | tralia, a c and Proba please. ficiary(s) | ate Act 19 | opy of th | | on 121A (R | egistrar' | 's) Certificate in | n compliand | N/A | Yes Yes Yes Yes | |
| If Probate has bee with the South Australia Certified copy of the Certified copy of the The full address of the full names and Contact name and Name and address 11 Signature To be signed by the | n granted in S stralian Admin ne Death Cert ne Will f an executor. d addresses of telephone nu s of the persor re(s) e Executor(s) | South Ausinistration a difficate Only one of the beneath of the b | please. eficiary(s) | /next of k | opy of the store o | ning ate. | | | 's) Certificate in | n compliand | N/A | Yes Yes Yes Yes | |
| If Probate has bee with the South Australia Certified copy of the Certified copy of the The full address of the full names and Contact name and Name and address 11 Signature. | n granted in S stralian Admin ne Death Cert ne Will f an executor. d addresses of telephone nu s of the persor re(s) e Executor(s) | South Ausinistration a difficate Only one of the beneath of the b | please. eficiary(s) | /next of k | opy of the store o | ning ate. | | | 's) Certificate in | n complianc | N/A | Yes Yes Yes Yes | |
| If Probate has bee with the South Australia Certified copy of the Certified copy of the The full address of the full names and Contact name and Name and address 11 Signature To be signed by the | n granted in S stralian Admin ne Death Cert ne Will f an executor. d addresses of telephone nu s of the persor re(s) e Executor(s) | South Ausinistration a difficate Only one of the beneath of the b | please. eficiary(s) | /next of k | opy of the store o | ning ate. | | | 's) Certificate in | n complianc | N/A | Yes Yes Yes Yes | |

