

Deceased Estates Securities Administration Questionnaire

For Joint 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	<input type="text"/>																							
Deceased's address	<input type="text"/>																							
State	<input type="text"/>		Postcode	<input type="text"/>																				
Date of Death	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
	Day		Month		Year																			
Full names of joint holders	<input type="text"/>																							

Please read the following carefully.

You will need to supply the following document to Link Market Services Limited as a CERTIFIED COPY ONLY. **Please do not send original documents.** A Certified Copy is a copy of the original document which has been certified as 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.

You will need to provide a Death Certificate.

Pursuant to the *Corporations Act 2001*, only the surviving holder(s) is/are entitled to the deceased's interest in the securities.

2 Do you have the following documents?

Certified copy of the Death Certificate. (A Medical certificate as to Cause of Death is not acceptable)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of a Power of Attorney of surviving holder (if applicable)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

3 Payment details

Amount from above (GST included in total amount charged. A receipt will be issued). \$

CHEQUE / MONEY ORDER PAYMENT- Payable to "Link Market Services Limited".

CREDIT CARD PAYMENT

TYPE OF CARD (please mark box): MASTERCARD VISA (American Express not accepted)

CARD NUMBER: EXPIRES: /20

NAME ON CARD: SIGNATURE:

Please 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.

4 Full name of contact person

Title	<input type="text"/>																							
Telephone number	<input type="text"/>																							

5 Full name of surviving holder(s)

Title

Title

Address to be recorded on the Register. Only one address can be recorded.

Address

State Postcode

6 Full name and address for return of completed forms

Title

Address

State Postcode

7 Checklist: I have attached and completed

Please tick

Payment for this service

Yes

Certified copy of the Death Certificate

Yes

Certified copy of Power of Attorney of surviving holder(s) (if applicable)

Yes

Contact name and telephone number

Yes

Name and address of the person to receive completed forms for signing

Yes

8 Signature(s)

To be signed by the surviving holder(s) or Attorney if signed under a Power of Attorney.

I/We declare that the information given is true and correct to the best of my/our knowledge.

Date / /

Day Month Year

Privacy Policy: The information you provide in the returned questionnaire and supporting documentation will be treated in the strictest confidence and used only in accordance with Link's Privacy Policy. If you would like a copy of our Privacy Policy you can email us at estates@linkmarketservices.com.au. You will also find it on Link's website at www.linkmarketservices.com.au/privacy or you may call us on 1300 303 991.