

Company or Trust in which investment is held – THIS MUST BE COMPLETED

Full Name(s) of Registered Securityholder

Current or Previous Registered Address of Securityholder

Contact Name

**Securityholder Reference Number (SRN)
 Or Holder Identification Number (HIN)**

Date of Death:

Daytime contact number

A Request for Additional Estate Holding Information

How to complete this form

- Complete a separate request form for each securityholding.
- Provide the Securityholder Reference Number (SRN) or Holder Identification Number (HIN). SRNs start with the letter "I". HINs start with the letter "X". We cannot provide information without this number.
- Tick the service you require and complete the fee amount.
- Provide payment details on the second page.
- Sign the form (all appointed Executors/Administrators must sign)
 If the request is signed by an authorised third party (not the Executor/Administrator) we require:
 - a letter signed by all appointed Executors/Administrators with specific instructions.
 If the request is to forward details to an address other than the registered address:
 - a letter signed by all appointed Executors/Administrators is required with specific instructions. Details sent to a third party address will not contain the respective SRN or HIN.
- Return this completed form with your payment to the address listed above.

Important Notes:

- Link Market Services (Link) cannot provide cost base information for securities acquired through market purchases.
- Certain information may have been supplied to Link by third parties and Link does not guarantee the accuracy of this information.
- Fees are based on the time to research your request, not the amount of information provided.

<input type="checkbox"/>	Holding Statement Includes the: • number of securities • value as at the date of death	\$49.95 per holding	\$
<input type="checkbox"/>	Estate Holding Summary Includes details of: • dividend/distribution payments (four prior and two post date of death) • four buy/sell transactions (two prior and two post date of death) • payment rate and date of any dividend/distribution announced but unpaid • any unrepresented dividend or distribution cheques • share price as at the date of death • payment instructions (cheque or direct credit) • Dividend/Distribution Reinvestment Plan participation information.	\$99.90 per holding	\$
<input type="checkbox"/>	Tax Statement	\$49.95 per Statement per financial year. Financial year commencing 01/07/_____ To: Financial year 30/06/_____	\$
<input type="checkbox"/>	Transaction History Reconstruction per financial year Includes the: • sale and purchase of any securities • securities acquired by dividend reinvestment plan or bonus issues	\$49.95 – current and previous financial year \$99.90 – 2 Financial years ago \$149.85 – 3 Financial years ago \$199.80 – 4 Financial years ago \$295.95 – 5 years up to 7 years ago \$495.95 – More than 7 years ago Financial year commencing 01/07/_____ To: Financial year 30/06/_____	\$

<input type="checkbox"/>	Dividend/Distribution Payment History per financial year	\$49.95 – current and previous financial year	\$
	Payment details only.	\$99.90 – 2 Financial years ago	
		\$149.85 – 3 Financial years ago	
		\$199.80 – 4 Financial years ago	
		\$295.95 – 5 years up to 7 years ago	
		\$495.95 – More than 7 years ago	
		Financial year commencing 01/07/ _____	
		To: Financial year 30/06/ _____	

<input type="checkbox"/>	Unclaimed Monies Advice Letter	\$49.95 per holding	\$
	No charge where the total of unclaimed monies is less than \$100.00 for each holding.		

PAYMENT

<input type="checkbox"/>	CHEQUE PAYMENT – Payable to “Link Market Services Limited”	Total \$
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<input type="checkbox"/>	CREDIT CARD PAYMENT (Please tick box):	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
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CARD NUMBER

EXPIRES: / 20 **Total \$**

NAME ON CARD: _____ **SIGNATURE:** _____

**If you need assistance completing this form, or if you require other information, please call
Link Market Services Limited on 1300 554 474.**

B SIGNATURE(S) OF EXECUTOR(S)/ ADMINISTRATOR(S) – THIS MUST BE COMPLETED

I/We acknowledge the conditions upon which you will provide the replacement information to me/us. I/We further acknowledge that once payment has been received and the replacement information has been supplied by Link Market Services Limited (Link), no refund by Link will be made.

Executor/Administrator (delete one)	Executor/Administrator (delete one)	Executor/Administrator (delete one)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sole Director and Sole Company Secretary Director (delete one)	Director/Company Secretary (delete one)	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Witness	Witness	Witness
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>

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 signatures(s).

/ / **Date**

Privacy Clause: Link Market Services Limited advises that Chapter 2C of the Corporations Act 2001 requires information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your securityholding and if some or all of the information is not collected then it might not be possible to administer your securityholding. Your personal information may be disclosed to the entity in which you hold securities. Also certain personal information may be disclosed to the Australian Taxation Office on request. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (www.linkmarketservices.com.au).