

Company or Trust in which investment is held – THIS MUST BE COMPLETED
 (The full name of the Share Company or Trust in which the securities being transferred are held)

Full Name(s) of Registered Holding
 (Enter the given and last names of all securityholder(s) shown on the securityholder documents)

Account Designation

Registered Address

(The actual address that is shown on the securityholder documents)

Securityholder Reference Number (SRN)

A

SMALL ESTATE STATEMENT AND INDEMNITY

Please complete this form in **BLACK INK** using capital letters. Photocopies will not be accepted.

1. Description of Securities (Shares, Options, etc) 2. Number of Securities held

I/We do solemnly and sincerely declare I am/we are the legal representative(s) for the above deceased estate.

3. Full name(s) of Executor(s) or Administrator(s)

4. Address of Executor(s) or Administrator(s). Only one address can be recorded.

Unit Number/Level	Street Number	Street Name	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town				
<input type="text"/>			<input type="text"/>	<input type="text"/>

5. I/We request the security issuer to permit transmission of the securities detailed above to ourselves as legal representative(s) of the estate without requiring a Grant of Probate or Letters of Administration or reseal of grant of probate to be obtained in the state of:

 (Australian State or Territory where the securities are registered)

In consideration of the security issuer registering the securities in my/our name(s) I/We hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and the trustees of the security issuer, the security registrar and the directors and officers of the security registrar 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.

6. Contact Name Telephone Number (Business Hours) Telephone Number (After Hours)

B

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

Executor/Administrator (delete one)	Executor/Administrator (delete one)	Executor/Administrator (delete one)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness	Witness	Witness
<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 signature(s).

Date: / /

HOW TO COMPLETE THIS FORM

A Small estates statement and indemnity. Enter the following in the spaces provided:

- A brief description of the type of securities eg. shares, options etc.
- The number of securities held in figures.
- The full name(s) of all Executor(s) or Administrator(s).
- The address details to be entered on the register. Please note that only one address can be recorded. This should be the address for the delivery of all future correspondence.
- The Australian State or Territory where the securities are registered.
- A contact name and telephone number of a person in the event that the registry has a query regarding this form.

Important notice: If the holding is a broker sponsored holding in CHES, do not send this completed form to Link Market Services Limited. You must contact the sponsoring broker to lodge a Small Estates Statement and Indemnity.

B Signature – All Executor(s)/Administrator(s) must sign in the presence of a witness who is known to them.

Personal Information Collection Notification Statement: Personal information about you is held on the public register in accordance with Chapter 2C of the Corporations Act 2001. For details about Link Group's personal information handling practices including collection, use and disclosure, how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am–5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.

A TRANSMISSION APPLICATION

Please complete this form in **BLACK INK** using capital letters. Photocopies will not be accepted.

1. Full name of Share Company, Corporation or Trust in which the securities being transmitted are held.

2. Securityholder Reference Number (SRN)

3. Type of Security (eg fully paid, partly paid, stapled security, etc)

4. Name of Deceased (Given Name(s))

Last Name

I/We claiming to be legal personal representative(s) of the abovenamed deceased in respect of such security described above do hereby apply to be registered as the holder(s) of such security as described above in the abovenamed company.

I/We agree to take and hold the said holding of the type of security as described above subject to the several conditions on which the abovenamed deceased held the same. I/We give notice that my/our name(s) and address is/are notified below and request the same be entered into the register of the abovenamed company.

5. Title and Full Name(s) of Executor(s) or Administrator(s)

6. Address for Notices, Dividends etc.

PO Box/RMB/Locked Bag/Care of (c/-)/Property name/Building name (if applicable)

Unit Number/Level

Street Number

Street Name

Suburb/Town

State

Post Code

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

Executor/Administrator (delete one)

Executor/Administrator (delete one)

Executor/Administrator (delete one)

Instructions

- This form is to be used when removing the shares from the name of the deceased to the Executor(s)/ Administrator(s) of the estate.
- Where the Executor(s)/Administrator(s) of the estate are also the sole beneficiaries a standard transfer form must be completed.
- There is no requirement to formally register the securities in the name of the Executor(s)/Administrator(s) prior to selling the securities.

Date

HOW TO COMPLETE THIS FORM

A Transmission application

Enter the following in the spaces provided.

Complete the full name(s) of all Executor(s)/Administrator(s) and one address.

- | | |
|---|--|
| <ol style="list-style-type: none"> The full name of the share company in which the securities are held. The Shareholder Reference Number (SRN, starts with "I"). A brief description of the type of security eg. fully paid; stapled security etc. The name of the deceased holder. | <ol style="list-style-type: none"> The title(s) and full name(s) of the Executor(s) or Administrator(s). The address details to be entered on the register. Please note that only one address can be recorded. This should be the address for the delivery of all future correspondence. |
|---|--|

Important notice: If the holding is a broker sponsored holding in CHESS, do not send this completed form to Link Market Services Limited. You must contact the sponsoring broker to lodge a Transmission Application.

B Signature – All Executor(s)/Administrator(s) must sign.

Personal Information Collection Notification Statement: Link Group advises that personal information it holds about you (including your name, address, date of birth and details of the financial assets) is collected by Link Group organisations to administer your investment. Personal information is held on the public register in accordance with Chapter 2C of the *Corporations Act 2001*. Some or all of your personal information may be disclosed to contracted third parties, or related Link Group companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am–5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.