

How to complete the Deceased Estate Transfer / Transmission Application Form

To minimise the risk of fraud, Link has implemented a securityholder verification procedure for all off-market transfers / transmissions of ASX listed securities.

Proof of Identity for all executors/administrators

Evidence will need to be provided with each transfer / transmission form to confirm the identity of the executors/administrators as the current owner of the securities to be transferred / transmitted. The beneficiary(s) of the securities may also be required to provide identification to comply with the Know your Customer (KYC) requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF). If you are unsure, please call us on **1300 554 474** for further information.

Identification documents and eVerification (electronic verification of identity)

Link can verify the identity of Australian and New Zealand individuals electronically using government issued identity documents such as passports, driver's licences and Medicare Card. If you consent to your identity being verified electronically, complete the identity documents section on the back of the attached transfer form at Section F. Your Australian identity document details will be submitted electronically to the Australian Attorney General's Document Verification Service (DVS). Your New Zealand identity document details will be submitted electronically to the New Zealand Department of Internal Affairs Confirmation Service other than New Zealand driver's licences which are verified using the AA (NZ Transport Authority).

Please choose either Option 1, 2 or 3. If you select option 2 or 3, send us a certified copy of the applicable identity document(s). Please **DO NOT** attach original documents as documents will not be returned. Proof of Identity documents will not be held on file and must be provided with each lodgement. If you are unable to provide the requested identity documents, please contact us for a list of alternatives that we can accept.

Option 1 – eVerification of Identity. Please complete section F on the transfer form

Option 2 – Please attach at least 1 document

Primary photographic identity document (Certified)
Drivers Licence (not expired)
Australian Passport (that has not expired more than 2 years ago)
International Travel Document – foreign passport (not expired)
Australian State or Territory Proof of Age Card or Identity Card (not expired)
Foreign National Identity Card (not expired)

Option 3 – Please attach at least 1 primary non-photographic document and 1 secondary non-photographic document.

Alternatively, attach 2 Primary non-photographic identity documents

Primary non-photographic identity document (Certified)
Australian Birth Certificate or Extract of Birth including an Abridged Birth Certificate or a NSW Birth Card (please provide full birth certificate for a minor)
Australian Citizenship Certificate
Foreign Citizenship Certificate
Foreign Birth Certificate (please provide full birth certificate for a minor)
A Centrelink Pension card or Centrelink Healthcare card
Secondary non-photographic identity document which contains the person's name and residential street address (Certified)
A financial benefit notice issued by a Commonwealth, State or Territory agency within the last 12 months (benefit information blacked-out)
An income tax assessment notice issued within the last 12 months (TFN, income and tax information blacked-out)
A local government notice (e.g. council rates) or utilities notice (e.g. power, gas or phone bill) issued within the last 3 months
A Medicare or Private Health Insurance refund notice issued within the last 3 months (medical practitioner information blacked-out)
An insurance policy for a house, property, home contents or motor vehicle issued within the last 12 months
A vehicle registration notice or third party insurance notice (e.g. NSW Greenslip) issued within the last 12 months

All foreign language documents must be accompanied by an English translation prepared by an accredited translator

Depending on the type of estate, additional information may be required;

Additional Documents

Individual	Joint Holders
• Documentation requested above	• Documentation requested above for each surviving joint holder

Help

If you need help completing the transfer / transmission application, please contact our office on **1300 554 474**.

A. Deceased Estate Details

Full Name of Security Issuer in which securities are held

This is the actual NAME of the Share Company or Trust in which the securities being transferred/sold are held.

Type of Security

This is either: Fully Paid Ordinary Shares, or Options, or Unsecured Convertible Notes, or Units, or Partly Paid Shares, etc.

Note: A separate standard transfer form must be completed for each different class of security and each different registered holding.

Deceased's Securityholder Reference Number (SRN)

The SRN can be found on issuer sponsored holding statements, dividend statements or certificates and starts with the letter "I". The transfer cannot be processed without the deceased's SRN.

Number of Securities to be transferred or sold

The number of securities being transferred (numbers only required).

Consideration (Value of the transfer or sale)

The price paid by the beneficiary to the deceased estate for the securities on the date of transfer/sale, or market value.

Full registered name(s) of the deceased

Enter the given and last name of the deceased as shown on securityholder documents.

Note: If the deceased has a "CHESS HIN", (CHESS HINs usually begin with an X or 0) then please contact the sponsoring broker, as the transfer is unable to be processed by us.

B. Beneficiary Details

Full name(s) of Beneficiary(s)

Enter the legal name of the Individual(s) or Incorporated Entity(s) that is/are acquiring the securities through this transfer. A maximum of three joint holders is permitted. Securities cannot be registered in an unincorporated trading name/business name or in the name of a trust (other than an incorporated trust), a superannuation fund, a minor, an estate or a deceased person's name. You may enter the name of any unincorporated entity or another person such as a minor child in the 'Account Designation' field of section B on the transfer. If transferring into an existing holding you must write the name and address details of the existing holding **exactly** as they currently appear on the register.

Beneficiary's Securityholder Reference Number (SRN)

If the Beneficiary is an existing **issuer sponsored** holder of securities in the company, their SRN may be entered here.

Note: If the Beneficiary has a "CHESS HIN", (CHESS HINs usually begin with an X or 0) then please contact the sponsoring broker.

Full postal address of Beneficiary(s)

Insert full address including the postcode. Only one address may be recorded, irrespective of the number of Beneficiaries.

C. Sign Here

Executor(s)/Administrator(s) and Beneficiary(s) Signatures and the Dates **MUST** be signed, and circle capacity under signatures

- | | | |
|----|---------------------------------------|---|
| a) | Executor(s)/
Administrator(s) | When the holding is in the name of an estate, all executor(s)/administrator(s) are required to sign. Probate requirements must also be complied with. |
| b) | Power of attorney of a
Beneficiary | To sign as power of attorney (POA), you must have already lodged the Power Of Attorney with the registry or alternatively attach a certified photocopy of the Power of Attorney to this form. |
| c) | Companies | Two Directors OR a Director and Secretary OR Sole Director and Sole Company Secretary. Please ensure you sign in the appropriate boxes and circle your capacity. |

Note: Copies of documents forwarded must be **certified as a correct copy** by a person who under the Statutory Declarations Regulations 2018 has the power to certify documents e.g. JP, doctor, lawyer, accountant, judge etc. Any form or document that does not meet the transfer or identification requirements specified within this form will be returned without processing.

Important Note for transfers of unlisted securities – Stamp Duty

For securities that are **listed** on the Australian Securities Exchange (ASX) – stamp duty is **NOT** payable (unless the date signed is **before** 1 July 2001).

For **unlisted** securities – transfer forms for unlisted securities must be submitted to the **Revenue Office** in the State or Territory where the Share Company was incorporated, or where the Trust was established for assessment and payment of stamp duty **before** sending to Link Market Services Limited.

Payment Fee

Where an Issuer's constitution permits securityholders being charged in connection with the registration of off-market transfers either expressly or through an empowering provision, a fee of \$55 (incl GST) is payable for the securityholder verification procedure.

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 other than date of birth 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 privacy policy, 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.

DECEASED ESTATE STANDARD TRANSFER FORM

A DECEASED ESTATE DETAILS (Please use CAPITAL LETTERS)

Full name of the Security Issuer (Share Company or Trust) in which the securities are held

Type of Security (eg fully paid, partly paid, stapled security, etc) Number of securities to be transferred/sold
 , ,

Value of the transfer or sale (\$AUD) , , . Deceased Securityholder Reference Number
 \$, , . **I**

Title	Given Name(s)	Last Name
EST	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Executor(s)/Administrator(s) day time phone number Executor(s)/Administrator(s) Email Address

Verification Procedures: For security purposes, the registration details of the deceased and the authorisation to transfer will be subject to verification. This verification process may include contacting the legal representative(s) of the estate. Where verification cannot be carried out to the satisfaction of the Registrar, the transfer may be rejected and returned with a request to provide additional information/documentation.

B BENEFICIARY(S) DETAILS (Please use CAPITAL LETTERS)

Title	Given Name(s) or Company Name (please use legal names)	Last Name (please use legal names)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Designation (if desired, eg <John Smith A/c>, <Citizen SMSF A/c>, <ABC Family A/c>, <Estate of Jillian Jones A/c> 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/Territory Post Code / Zip Code

Country (if not Australia) Beneficiary Securityholder Reference Number (if applicable)
 I

C SIGN HERE

The Executor(s)/Administrator(s) of the deceased whose details are written above, transfers the securities shown above to the Beneficiary(s) and states to the Beneficiary(s), the Issuer of the securities and the Issuer's share registrar that they are the legal representatives of the deceased's estate who are authorised and entitled to transfer them to the Beneficiary(s).

All Executor(s)/Administrator(s) must sign

Executor 1/Administrator <input type="text"/> Print Name <input type="text"/>	Executor 2/Administrator <input type="text"/> Print Name <input type="text"/>	Executor 3/Administrator <input type="text"/> Print Name <input type="text"/>
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Date: ___ / ___ / ___

All Beneficiary(s) must sign

Beneficiary 1 <input type="text"/> Print Name <input type="text"/>	Beneficiary 2 <input type="text"/> Print Name <input type="text"/>	Beneficiary 3 <input type="text"/> Print Name <input type="text"/>
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Date: ___ / ___ / ___

See overleaf for further information ►►

D CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Transfer / Transmission form is fully completed, signed and dated

<input type="checkbox"/> Certified copies of proof of identity from either Option 2 or Option 3 (on page 1) are provided or Option 1 eVerification has been selected - complete section F below | <input type="checkbox"/> Any other additional documents are certified and included

Examples include but are not limited to: POA, Guardianship Orders, Grant of Probate or Letters of Administration, Notice of Appointment of Bankruptcy Trustee, Notice of Appointment of Administrator, Receiver or Liquidator of a Company etc. |
|---|---|

E LODGEMENT

The original transfer / transmission form and certified documents (if any) are to be returned to Link by post. Please ensure that all multiple transfers / transmissions from the same deceased estate are posted together as one lodgement. Send all documentation to Locked Bag A14, Sydney South NSW 1235. Fax/Email/Photocopies cannot be accepted as original signatures are required to be sighted. Only one set of identification documents is required from the deceased estate if sending in one lodgement.

F eVERIFICATION OF IDENTITY

Option 1 – eVerification of Individual executors / Administrators or Authorised Representative

Tick ✓ Below Primary identity document of each executor(s) / administrator (s) or Authorised Representative, signing this transfer / transmission form

<p>Full Name - executor / administrator 1, or Authorised Representative</p> <input style="width: 100%;" type="text"/> <p>Residential Street Address</p> <input style="width: 100%;" type="text"/> <p>Suburb/Town State/Territory Post Code / Zip Code</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> </tr> </table> <p>Country (if not Australia) Date of Birth DD/MM/YYYY</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 60%;"></td> <td style="border: 1px solid black; width: 40%; text-align: center;">DD / MM / YYYY</td> </tr> </table> <p><input type="checkbox"/> I agree that my information is checked with the Issuer or Official Record Holder of the identity document selected below</p> <p>Select 2 choices</p> <p>Group 1 Select at least one option and complete the document details below exactly as shown on the document.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Australian passport</td> <td style="width: 50%;"><input type="checkbox"/> New Zealand passport</td> </tr> <tr> <td><input type="checkbox"/> Australian driver's licence issued by a state or territory</td> <td><input type="checkbox"/> New Zealand driver's licence</td> </tr> <tr> <td><input type="checkbox"/> Australian citizenship certificate</td> <td><input type="checkbox"/> New Zealand birth certificate</td> </tr> <tr> <td><input type="checkbox"/> Australian ImmiCard</td> <td><input type="checkbox"/> New Zealand citizenship certificate</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Australian birth certificate (must match your name in the register) See important notes overleaf**</td> </tr> </table> <p>State/Territory of Issue Document Number: e.g. DL number Expiry or Issue Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 55%;"></td> <td style="border: 1px solid black; width: 30%; text-align: center;">DD / MM / YYYY</td> </tr> </table> <p>Driver's License card number</p> <input style="width: 100%;" type="text"/> <p style="font-size: small;">Note: For a drivers licence, please provide both the DL card number and DL number.</p> <p>Group 2 Select at least one option and complete the document details below exactly as shown on the document.</p> <p><input type="checkbox"/> Medicare card Ref. Nbr: _____ <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Yellow</p> <p><input type="checkbox"/> Centrelink Pension Card or Healthcare Card</p> <p><input type="checkbox"/> Australian Electoral Roll (AEC)</p> <p>State/Territory of Issue Document Number: e.g. Medicare number Expiry or Issue Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 55%;"></td> <td style="border: 1px solid black; width: 30%; text-align: center;">DD / MM / YYYY</td> </tr> </table> <p>Other information</p> <input style="width: 100%; height: 20px;" type="text"/>					DD / MM / YYYY	<input type="checkbox"/> Australian passport	<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Australian driver's licence issued by a state or territory	<input type="checkbox"/> New Zealand driver's licence	<input type="checkbox"/> Australian citizenship certificate	<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Australian ImmiCard	<input type="checkbox"/> New Zealand citizenship certificate	<input type="checkbox"/> Australian birth certificate (must match your name in the register) See important notes overleaf**				DD / MM / YYYY			DD / MM / YYYY	<p>Full Name - executor / administrator 2, or Authorised Representative</p> <input style="width: 100%;" type="text"/> <p>Residential Street Address</p> <input style="width: 100%;" type="text"/> <p>Suburb/Town State/Territory Post Code / Zip Code</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> </tr> </table> <p>Country (if not Australia) Date of Birth DD/MM/YYYY</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 60%;"></td> <td style="border: 1px solid black; width: 40%; text-align: center;">DD / MM / YYYY</td> </tr> </table> <p><input type="checkbox"/> I agree that my information is checked with the Issuer or Official Record Holder of the identity document selected below</p> <p>Select 2 choices</p> <p>Group 1 Select at least one option and complete the document details below exactly as shown on the document.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Australian passport</td> <td style="width: 50%;"><input type="checkbox"/> New Zealand passport</td> </tr> <tr> <td><input type="checkbox"/> Australian driver's licence issued by a state or territory</td> <td><input type="checkbox"/> New Zealand driver's licence</td> </tr> <tr> <td><input type="checkbox"/> Australian citizenship certificate</td> <td><input type="checkbox"/> New Zealand birth certificate</td> </tr> <tr> <td><input type="checkbox"/> Australian ImmiCard</td> <td><input type="checkbox"/> New Zealand citizenship certificate</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Australian birth certificate (must match your name in the register) See important notes overleaf**</td> </tr> </table> <p>State/Territory of Issue Document Number: e.g. DL number Expiry or Issue Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 55%;"></td> <td style="border: 1px solid black; width: 30%; text-align: center;">DD / MM / YYYY</td> </tr> </table> <p>Driver's License card number</p> <input style="width: 100%;" type="text"/> <p style="font-size: small;">Note: For a drivers licence, please provide both the DL card number and DL number.</p> <p>Group 2 Select at least one option and complete the document details below exactly as shown on the document.</p> <p><input type="checkbox"/> Medicare card Ref. Nbr: _____ <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Yellow</p> <p><input type="checkbox"/> Centrelink Pension Card or Healthcare Card</p> <p><input type="checkbox"/> Australian Electoral Roll (AEC)</p> <p>State/Territory of Issue Document Number: e.g. Medicare number Expiry or Issue Date</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 15%;"></td> <td style="border: 1px solid black; width: 55%;"></td> <td style="border: 1px solid black; width: 30%; text-align: center;">DD / MM / YYYY</td> </tr> </table> <p>Other information</p> <input style="width: 100%; height: 20px;" type="text"/>					DD / MM / YYYY	<input type="checkbox"/> Australian passport	<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Australian driver's licence issued by a state or territory	<input type="checkbox"/> New Zealand driver's licence	<input type="checkbox"/> Australian citizenship certificate	<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Australian ImmiCard	<input type="checkbox"/> New Zealand citizenship certificate	<input type="checkbox"/> Australian birth certificate (must match your name in the register) See important notes overleaf**				DD / MM / YYYY			DD / MM / YYYY
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If there are more than 2 individuals signing this form, then copy this page and complete Section F for the other individuals.

Identification sources – you may choose one (1) source each from group 1 and group 2 OR you may choose two (2) sources from group 1. We are unable to accept only group 2 sources for eVerification.

Document number means the registration number of the document. This will typically be the driver's licence number, passport number, Medicare card number or birth certificate registration number etc.

**** Important notes about birth certificates:**

Only A.C.T. birth certificates issued from 1930 onwards can be verified electronically. If you were born in the A.C.T. before 1930 either select a different group 1 identification source or provide a certified copy of your birth certificate and also choose a group 2 identification source. For A.C.T. birth certificates issued between 1930 and May 2002, provide the **registration number** and also the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field. For A.C.T. birth certificates issued after May 2002, provide the **registration number** and **certificate issue date** and also provide the **certificate number** using the 'Other Information' field.

For N.S.W. birth certificates provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field.

For N.T. birth certificates provide the **registration number** and the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field and if your N.T. birth certificate was issued from 1999 onwards, also provide the **certificate number** using the 'Other Information' field.

For QLD birth certificates, provide the **registration number** and the **registration date** using the 'Expiry or Issue Date' field above.

For S.A. birth certificates provide the **registration number** and the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field and also provide the **certificate number** (if any) in the 'Other Information' field. Typically, more recent S.A. birth certificates issued on multi-coloured or light blue paper will have a certificate number.

For TAS birth certificates provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field.

For VIC birth certificates provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field.

Only W.A. birth certificates issued from 1930 onwards can be verified electronically. If you were born in W.A. before 1930 either select a different group 1 identification source or provide a certified copy of your birth certificate and also choose a group 2 identification source. For W.A. birth certificates issued from 1930 onwards, provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field and provide the **registration district** noted on birth certificates typically issued between 1930 and 1983 using the 'Other Information' field.

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

Securityholder Reference Number (SRN)

Registered Address

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

<input type="text"/>	Postcode <input type="text"/>
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A STATUTORY DECLARATION AND INDEMNITY NEXT OF KIN

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

1. Description of Securities (Shares, Options, etc)	<input type="text"/>	Number of Securities held	<input type="text"/>
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I/We do solemnly and sincerely declare that I/We wish to make the following declaration under the *Statutory Declaration Act 1959*.

2. I/We am/are the next of kin entitled to apply for Letters of Administration of the estate of the registered holder of the securities detailed above.
3. The above named securityholder to the best of my/our knowledge and belief, died without leaving a will and no grant of representation of the estate of the deceased has been for or made and no application for such grant will be made.
4. All claims against the estate have been made.
5. I/We hereby request that the securities be registered in my/our name(s) and address as detailed below.
6. Full Name(s) of Next of Kin

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

Unit Number/Level	Street Number	Street Name or Post Office Box (if applicable)	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town				
<input type="text"/>				

In consideration of the company permitting me/us to deal with the securities now registered in the name of the deceased without a grant of Probate or Letters of Administration, I/we hereby undertake to indemnify and keep indemnified the company, the directors and trustees of the company, Link Market Services Limited and the directors and officers of Link Market Services 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 and undertake to apply for a grant of Probate or Letters of Administration if and when called upon to do so. I/we understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declaration Act 1959* and I/we believe that the statements in this declaration are true in every particular.

B SIGNATURE OF NEXT OF KIN – THIS MUST BE COMPLETED

Next of Kin	Next of Kin
Declared at	In the State of
Before me	Title
Signature	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

HOW TO COMPLETE THIS FORM

A Statutory declaration and indemnity next of kin

Enter the following in the spaces provided.

- | | | |
|---|-------------------------------------|--|
| 1. A brief description of the type of security eg. fully paid; stapled securities etc and the number held in figures. | 2-5 Nothing to complete. | 7. Address of Next of Kin. Only one address. |
| | 6. Full name(s) of the Next of Kin. | |

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.

B Signature – The next of kin(s) must sign and declare the statements therein before a prescribed witness such as a Justice of the Peace.

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.

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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town			State	Post Code
<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:

- | | | |
|---|--|--|
| 1. A brief description of the type of securities eg. shares, options etc. | 4. 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. | 5. The Australian State or Territory where the securities are registered. |
| 2. The number of securities held in figures. | | 6. A contact name and telephone number of a person in the event that the registry has a query regarding this form. |
| 3. The full name(s) of all Executor(s) or Administrator(s). | | |

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.