

**Full Name(s) of Registered Holding**


**Account Designation**

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**Registered Address**

Postcode

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

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**A DIVIDEND REINVESTMENT PLAN APPLICATION OR VARIATION**

Please use a **BLACK** pen. Print **CAPITAL** letters inside the shaded areas.

A	B	C
1	2	3

Where a choice is required, mark the box with an 'X'

X
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This form is to be completed where the securityholder wishes to have their dividend payments reinvested under the rules of the Dividend Reinvestment Plan (DRP).

I/We being the above named registered holder of ordinary shares wish to participate in the DRP as indicated below.  
I/We authorise the application of the payment to me/us with respect to the number of ordinary shares participating in the DRP to acquire further ordinary shares in the Company at the price determined under, and subject to the rules of the DRP.  
I/We hereby agree to be bound by the rules of the DRP in subscribing for additional ordinary shares.  
I/We acknowledge that I/we may vary or cancel my/our participation in the DRP, in accordance with the rules of the DRP. This will cancel any earlier DRP instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

<input type="checkbox"/>	<b>FULL PARTICIPATION</b>	— Including any further acquisitions.
<i>or</i>		
<input type="checkbox"/>	<b>PARTIAL PARTICIPATION</b>	— Please specify the number of ordinary shares to participate in the DRP. You must also complete the Request for Direct Credit of Payments form if you elect this option.
<i>or</i>		
<input type="checkbox"/>	<b>CANCEL PARTICIPATION</b>	— If you wish to cancel your DRP participation, you must also complete the Request for Direct Credit of Payments form to receive your payment.

**B SIGNATURE(S) OF SECURITYHOLDER(S) – THIS MUST BE COMPLETED**

Securityholder 1 (Individual) <input style="width: 90%; height: 20px;" type="text"/>	Joint Securityholder 2 (Individual) <input style="width: 90%; height: 20px;" type="text"/>	Joint Securityholder 3 (Individual) <input style="width: 90%; height: 20px;" type="text"/>
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Sole Director and Sole Company Secretary/Director (delete one)      Director/Company Secretary (delete one)

**Signing Instructions:** This form must be signed by the securityholder. If a joint holding, all securityholders must sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the Corporations Act 2001 (Cth) (or for New Zealand companies, the Companies Act 1993).

Date

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**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.

