

Full Name(s) of Registered Holding

Account Designation

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Registered Address

Postcode

All Registry communications to:
MUFG Corporate Markets (AU) Limited
A division of MUFG Pension & Market Services
Locked Bag A14
Sydney South NSW 1235 Australia
Telephone: +61 1300 880 923
Facsimile: +61 2 9287 0303
ASX Code: SGR
Email: starentertainment@cm.mpms.mufig.com
Website: au.investorcentre.mpms.mufig.com

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
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1	2	3
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Where a choice is required, mark the box with an 'X'

X

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):

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FULL PARTICIPATION

— Including any further acquisitions.

or

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PARTIAL PARTICIPATION

Please specify the number of securities to participate in the Plan

or

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or

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CANCEL PARTICIPATION

— 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)

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Joint Securityholder 2 (Individual)

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Joint Securityholder 3 (Individual)

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Sole Director and Sole Company Secretary/Director (delete one)

Director/Company Secretary (delete one)

Date ____/____/____

Signing Instructions: This form should be signed by the Unitholder. If a joint holding, all Unitholders should sign. If signed by the Unitholder'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*).

Personal Information Collection Notification Statement: MUFG Pension & Market Services ("MPMS") advises that your personal information is collected by MPMS organisations for the administration of your investment as required or permitted by the *Corporations Act 2001* (Cth) and other legislation. Some or all of your personal information may be disclosed to contracted third parties, or related MPMS 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.mpms.mufig.com for a copy of the MPMS privacy policy, or contact us by phone on +61 1300 554 474 to request a copy.

