## НГЖСТ

A DIVIDEND REINVESTMENT PLAN	APPLICATION OR VARIATION
Postcode	
	Or Holder Identification Number (HIN)
	Securityholder Reference Number (SRN)
Registered Address	
Deviatored Address	
	Website: au.investorcentre.mpms.mufg.com
Account Designation	Email: starentertainment@cm.mpms.mufg.com
Account Decimentian	ASX Code: SGR
	Telephone: +61 1300 880 923 Facsimile: +61 2 9287 0303
	Sydney South NSW 1235 Australia
	Locked Bag A14
Full Name(s) of Registered Holding	A division of MUFG Pension & Market Services
ENTERTAINMENT GROUP LTD	All Registry communications to: MUFG Corporate Markets (AU) Limited
ΙΠΕΆΥΣΙΑΚ	ABN 85 149 629 023
	ADN 95 140 620 022

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

ABC 1 2 3

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

The Star Entertainment Group Limited



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).

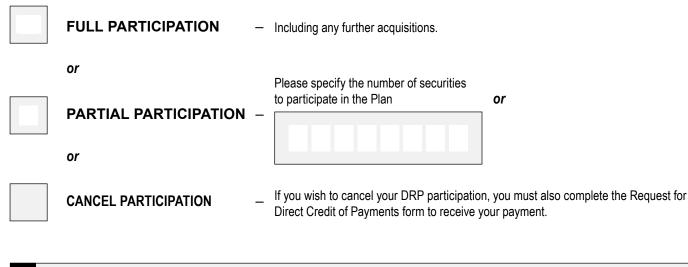
I/We being the above named registered holder of ordinary shares wish to participate in the DRP as indicated below.

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):



SIGNATURE(S) OF SECURITYHOLDE	ER(S) – THIS MUST BE COMPLETED
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Securityholder 1 (Individual)

В

Joint Security	holder 2 (	(Individual)	1
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Joint Securityholder 3 (Individu	,

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.mufg.com for a copy of the MPMS privacy policy, or contact us by phone on +61 1300 554 474 to request a copy.

