

How to complete the Deceased Estate Transfer / Transmission Application Form

To minimise the risk of fraud, MUFG Corporate Markets 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)

MUFG Corporate Markets 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.

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 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 MUFG Corporate Markets. 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: 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 <https://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.

TRANSMISSION FORM

A PAYMENT OF FEE

A fee of \$55.00 (GST inclusive) applies for each transmission that requires a securityholder verification procedure. For payments made by cheque, an additional cheque handling fee of \$10 (GST inclusive) will apply. A single fee of \$55.00 (GST inclusive) applies if multiple transmissions from the same estate (registration details must be an exact match) are received by MUFG Corporate Markets (AU) Limited at the same time. Payment options are:

OPTION 1: Pay By Credit Card or Debit Card

Visa MasterCard

No other credit cards will be accepted

Card Number Expiry Date (MM/YY)

Name on Card

Signature of Cardholder Total
 \$, .

Or

OPTION 2: Pay By Cheque, Money Order or Bank Cheque

Cheque/Money Order/ Bank Cheque – payable to MUFG Corporate Markets (AU) Limited in Australian currency

A receipt for this payment will be issued to the executor.

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

E	LODGEMENT
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The original transfer form and certified documents (if any) are to be returned to Link by post. Please ensure that all multiple transfers from the same seller 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 seller if sending in one lodgement.

F	eVerification of Individual Executors / Administrators or Authorised Representative
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Option 1 – eVerification of Individual Executors / Administrators or Authorised Representative

Tick <input checked="" type="checkbox"/> Below	Primary identity document of each Executor(s) / Administrator (s) or Authorised Representative, signing this transfer form
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<p>Full Name - Executor / Administrator 1, or Authorised Representative</p> <input style="width: 100%;" type="text"/> Residential Street Address <input style="width: 100%;" type="text"/> Suburb/Town State/Territory Post Code / Zip Code <input style="width: 30%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 35%;" type="text"/> Country (if not Australia) Date of Birth DD/MM/YYYY <input style="width: 35%;" type="text"/> <input style="width: 30%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> <input type="checkbox"/> I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity. Select 2 choices Group 1 Select at least one option and complete the document details below exactly as shown on the document. <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Australian passport</td> <td><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> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 45%;" type="text"/> <input style="width: 45%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 20%; text-align: center;" type="text"/> Other information <input style="width: 100%;" type="text"/> Note: For a drivers licence, please provide both the DL card number and DL number. Group 2 Select at least one option and complete the document details below exactly as shown on the document. <input type="checkbox"/> Medicare card Ref. Nbr: _____ <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Centrelink Pension Card or Healthcare Card <input type="checkbox"/> Australian Electoral Roll (AEC)	<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 **		<p>Full Name - Executor / Administrator 2, or Authorised Representative</p> <input style="width: 100%;" type="text"/> Residential Street Address <input style="width: 100%;" type="text"/> Suburb/Town State/Territory Post Code / Zip Code <input style="width: 30%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 35%;" type="text"/> Country (if not Australia) Date of Birth DD/MM/YYYY <input style="width: 35%;" type="text"/> <input style="width: 30%; text-align: center;" type="text"/> / <input style="width: 10%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> <input type="checkbox"/> I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity. 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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

Registered Address

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

<input type="text"/>	
<input type="text"/>	<input type="text"/>
Postcode	
<input type="text"/>	<input type="text"/>

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)	<input type="text"/>	2. Number of Securities held	<input type="text"/>
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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"/>	
Suburb/Town			State	Post Code
<input type="text"/>	<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:

<input type="text"/>	(Australian State or Territory where the securities are registered)
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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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 CHESS, do not send this completed form to MUFG Corporate Markets. 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: 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 <https://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.