

Company or Trust in which Securityholding is Held

Registered Name(s)

Registered Address

 Postcode

Securityholder Reference Number (SRN)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Use a black pen.
Print in CAPITAL letters.

Confirmation of Deceased Holder's Identity

A Confirmation of Deceased Holder's Identity

Description of Securities Number of Securities held

Full name of Survivor(s) or Executor(s)

Telephone Number – Business Hours/After Hours

Address to be recorded on the register OR Post Office Box or other mail details (if applicable)

| | | |
|----------------------|----------------------|----------------------|
| Unit | Street Number | Street Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| City/Suburb/Town | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I/We warrant that I am/we are the survivor(s)/executor(s) of the estate of (name listed on register):

The deceased is one and the same as stated in the death Certificate/Grant of Probate/Letters of Administration/Will:

In consideration of the security issuer recognising the above as one and the same person I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, Armstrong Registry Services Limited and the directors and officers of Armstrong Registry 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.

B Sign Here – This section must be signed for your instructions to be executed

All parties stated above making the application must sign.

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

| | | |
|----------------------|----------------------|----------------------|
| Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

How to complete this form

A Confirmation of Deceased Holder's Identity

Complete this section by entering the type of securities and the number of securities held.

Enter the full name and address to which all future correspondence should be sent.

Enter the name of the deceased as it appears on the register and as it appears on the Death Certificate/Grant of Probate/Letters of Administration.

Important notice: If you are a broker sponsored holder in CHESSE, do not send this completed form to Armstrong Registry Services Limited. You must contact your sponsoring broker to lodge a confirmation of deceased holder's identity.

B Signature(s)

You must sign this form in the spaces provided:

Executor(s)/Administrator(s): all Executor(s)/Administrator(s) must sign.

Surviving holder(s): all surviving holders must sign.