

Full Name(s) of Registered Holding

Account Designation

--

Registered Address

Postcode	

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

--	--	--	--	--	--	--	--	--	--	--	--

A DIVIDEND REINVESTMENT PLAN INSTRUCTION FORM

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

This form is to be completed where the shareholder wishes to commence, vary or cancel their participation in the ASX Limited ('ASX') Dividend Reinvestment Plan (the 'DRP').

The DRP enables eligible ASX shareholders to re-invest dividends to which the DRP applies in additional ASX shares. The ASX Board will determine whether the DRP applies to each dividend at the time it determines that dividend. ASX will announce whether the DRP applies to a dividend when that dividend is announced.

I/We being the above named holder of registered shares wish to participate (or cease participating) in the DRP as indicated below.

I/We authorise the application of my/our dividend payment with respect to the number of shares participating in the DRP to the allocation of additional shares at the price provided in, and subject to the rules of, the DRP.

I/We hereby agree to be bound by the rules of the DRP.

I/We acknowledge that I/we may vary or cancel my/our participation in the DRP, in accordance with the rules of the DRP and that my/our instructions below will cancel any earlier DRP instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

--

FULL PARTICIPATION — Including any further acquisitions.

or

--

PARTIAL PARTICIPATION —

Please specify the number of shares to participate in the DRP.

--	--	--	--	--	--	--	--	--	--

or

--

CANCEL PARTICIPATION — If you wish to cancel your DRP participation.

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

Securityholder 1 (Individual)

--

Sole Director and Sole Company Secretary
Director/Company Secretary (delete as appropriate)

Joint Securityholder 2 (Individual)

--

Director/Company Secretary (delete one)

Joint Securityholder 3 (Individual)

--

Secretary/Director (delete one)
Date ____/____/____

Signing Instructions: This form should be signed by the Securityholder. If a joint holding, all Securityholders should 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*).

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 <https://investorcentre.linkgroup.com> 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.

