

In which company or Trust are the Shares/Investments held?

Full Name(s)  
of Registered  
Holder(s)

  


Registered  
Address

  


Postcode

Security Holder Reference Number (SRN)

All Correspondence to;  
PO Box 52  
Collins Street West VIC 8007  
Phone: 1300 992 916  
Facsimile: +61 8 9315 2233  
Email: registrar@securitytransfer.com.au  
Website: www.securitytransfer.com.au

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## Request to Register Surviving Holders

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**Certificated or Issuer Sponsored Holdings** - This form must be forwarded to the Issuer's Registry.  
Please use a **black** pen. Print in **CAPITAL** letters inside the boxes.

### **A** Register of Surviving Holders

Full Name of Surviving Holder 1

Full Name of Surviving Holder 2

Full Name of Surviving Holder 3

Address to be recorded on the register

Unit      Street Number      Street Name

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Or Post Office Box or other mail details (if applicable)

City/Suburb/Town

State

Post Code

I/we am/are the surviving holder(s) of a joint holding of the securities described above.

The securities are held jointly with  (deceased).

Proof of death must be provided (certificated copy of death certificate, probate etc.).

I/we request you register me/us as the holder(s) of the securities and agree to hold them under the same terms and conditions as previously had.

Contact Name

Telephone Number – Business Hours

Telephone Number – After Hours

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

I/we authorise you to act in accordance with my/our instructions set out above.

Signature of Authorised Officer

Security Holder 2

Day      Month      Year

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