



All correspondence to

# BoardRoom

Smart Business Solutions

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### NAME AND ADDRESS OF SECURITY HOLDER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

## Request for Direct Crediting of Payments by Electronic Funds Transfer

Please credit all distribution payments from the above holding directly to our account at the following Australian financial institution.

**STOP DO NOT USE YOUR CARD NUMBER**  
If you are unsure of your BSB or account number, please check with your bank, building society or credit union.

BSB Number

—

Account Number

Name in which account is held

\_\_\_\_\_

Name of Australian bank or financial institution

\_\_\_\_\_

Name of branch or suburb or town

\_\_\_\_\_

If applicable mark here to terminate any reinvestment plan participation

Contact Name

\_\_\_\_\_

Phone Number - Business Hours

\_\_\_\_\_

Phone Number - After Hours

\_\_\_\_\_

### 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. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments of dividends or distributions to which I/we am/are entitled to be paid in cash and that these instructions do not override any previous Reinvestment Plan instructions unless we have so indicated by marking in the relevant box above.

Individual or Securityholder 1

\_\_\_\_\_

Sole Director and  
Sole Company Secretary

Securityholder 2

\_\_\_\_\_

Director

Securityholder 3

\_\_\_\_\_

Director/Company Secretary

Day                      Month                      Year

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