



X99999999999

DIVIDEND REINVESTMENT PLAN APPLICATION OR VARIATION OR TERMINATION

Please use a **BLACK** pen. Print **CAPITAL** letters inside the shaded areas.

A	B	C
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1	2	3
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Where a choice is required, mark the box with an 'X'

X

If you wish to have your dividend payments reinvested under the rules of the Dividend Reinvestment Plan ("Plan"), please complete this form. This form may also be lodged with the Registry if you wish to vary your participation in the Plan. Please send this form to the Registry at the above address, fax number or email address.

I/We being the above named holder of registered securities wish to participate in the Plan as indicated below.

I/We authorise the application of the payment to me/us with respect to the number of securities participating in the Plan at the price determined under, and subject to the rules of the Plan.

I/We hereby agree to be bound by the rules of the Plan in subscribing for additional securities.

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

Degree of Participation (cross appropriate box):

<input type="checkbox"/>	FULL PARTICIPATION — Including any further acquisitions
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or

<input type="checkbox"/>	PARTIAL PARTICIPATION —	Please specify the number of securities to participate in the Plan	<input type="text"/>	<input type="text"/> %
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<input type="checkbox"/>	TERMINATION OF PARTICIPATION
I/We being the above named holder of registered securities wish to terminate my/our participation in the Plan. This will cancel any earlier Plan instructions. If you wish to terminate your participation in the Plan, please cross the box.	

B Signature(s) of Securityholder(s) – This must be completed

Securityholder 1 (Individual)

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Sole Director and Sole Company Secretary/Director (delete one)

Joint Securityholder 2 (Individual)

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Director/Company Secretary (delete one)

Joint Securityholder 3 (Individual)

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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 www.linkmarketservices.com.au 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.

