

CSN/Holder Number

Postcode

A diagram showing a large rectangle divided into a 4x4 grid of smaller squares. The grid has 4 columns and 4 rows.

Provide details of the **bank, branch, and account** where you want to have your payments credited. This request will not cancel any dividend reinvestment or share election plan participation unless we receive specific instruction from you. A separate direct credit request form is required for each CSN/Holder Number.

BANK ACCOUNT DETAILS — USE CAPITAL LETTERS

Direct Credit Reference (optional)

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

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

--	--	--

[illegible]

SIGNATURE(S) OF INVESTOR(S) — ALL MUST SIGN

Joint Investor 3 (Individual)

--

--

--

Director/Authorised Signatory (delete one)

This form should be signed by the investor. If a joint holding, all investors should sign. If signed by the investor'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 New Zealand Companies Act 1993.

/	/
---	---

Privacy Clause: MUFG Pension & Market Services (NZ) Limited advises that Section 87 of the *Companies Act 1993* requires certain information about you as an investor (including your name, address and details of the securities you hold) to be included in the public register of the Issuer in which you hold securities. Personal information is collected in order to administer your holding. If part or all of the information is not provided, then it might not be possible to administer your holding. Please note that the personal information collected may be disclosed to the Issuer in which you hold securities. You can obtain access to your personal information by contacting us at the address or telephone number shown on this form. Our privacy policy is available on our website (mfrms.mufg.com).