

A ESTATE DETAILS (Please use CAPITAL LETTERS)

Company in which the investments are held

[Grid of 28 empty boxes for company name]

Type of Securities (e.g. fully paid, partially paid, units, etc.)

[Grid of 14 empty boxes for security type]

Number of Securities to be Transferred

[Grid of 8 empty boxes for number of securities]

CSN/Holder Number

[Grid of 8 empty boxes for CSN/Holder Number]

Date

[Date input field with slashes: / /]

ESTATE DETAILS

Given Name(s)

[Large text box for Given Name(s)]

Last Name(s)

[Large text box for Last Name(s)]

Account Designation (if applicable, e.g. <J Smith Family A/C>)

[Grid of 28 empty boxes for account designation]

Registered Address

[Grid of 28 empty boxes for registered address]

Daytime Telephone Number

[Telephone number input field with parentheses: ()]

Verification Procedures – For security purposes, the registration details of the Estate and the authorisation to transfer will be subject to verification. This verification process may include contacting the Administrator. Where verification cannot be carried out to the satisfaction of the Registrar, the transmission may be rejected and returned with a request to provide additional information.

B SIGN HERE – ALL EXECUTOR(S) MUST SIGN

Executor/Administrator

[Signature box for Executor/Administrator 1]

Executor/Administrator

[Signature box for Executor/Administrator 2]

Executor/Administrator

[Signature box for Executor/Administrator 3]

Signature of Witness

[Signature box for Witness 1]

Signature of Witness

[Signature box for Witness 2]

Signature of Witness

[Signature box for Witness 3]

Phone Number of Witness

[Phone number input field with parentheses: ()]

Phone Number of Witness

[Phone number input field with parentheses: ()]

Phone Number of Witness

[Phone number input field with parentheses: ()]



C EXECUTOR(S)/ADMINISTRATOR(S) DETAILS (Please use CAPITAL LETTERS)

Given Name(s) or Company Name

Last Name(s)

Account Designation (if applicable, e.g. <Estate John Smith a/c>)

CSN/Holder Number (if known)

Postal Address

Suburb/Town

Country

Postcode

BANK DETAILS

Name(s) in which your account is held

Bank/Branch

Account Number

Suffix

Direct Credit Reference

ELECTRONIC INVESTOR COMMUNICATION

To enable the Company/Issuer to communicate with you electronically where possible, please provide your current email address in the section below.

MOBILE PHONE NUMBER

If you supply your mobile phone number, MUFG will use this to inform you of any changes to your security(ies) balance, address or bank account.



D IRD NUMBER OR TAX EXEMPTION

Complete **ONE** option below, based on your investor type.

OPTION 1 INDIVIDUAL/JOINT

Investor 1 Name <input type="text"/>	Investor 2 Name <input type="text"/>	Investor 3 Name <input type="text"/>
IRD Number 1 <input type="text"/>	IRD Number 2 <input type="text"/>	IRD Number 3 <input type="text"/>
Date of birth 1 <input type="text"/>	Exempt <input type="checkbox"/>	Date of birth 2 <input type="text"/>
		Exempt <input type="checkbox"/>
		Date of birth 3 <input type="text"/>
		Exempt <input type="checkbox"/>

OPTION 2 COMPANY/PARTNERSHIP/TRUST/ESTATE/MINOR

Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>	Estate <input type="checkbox"/>	Minor <input type="checkbox"/>	IRD Number <input type="text"/>	Exempt <input type="checkbox"/>
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E ELECT YOUR TAX RATE

Tax rates apply to interest payments only.

<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%	<input type="checkbox"/> 30%	<input type="checkbox"/> 33%	<input type="checkbox"/> 39%
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F SIGNATURE(S) OF BUYER(S) — ALL MUST SIGN

Signature <input type="text"/>	Signature <input type="text"/>	Signature <input type="text"/>
Director	Director/Authorised Signatory (delete one)	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.

Date

G CERTIFICATE OF NON REVOCATION OF POWER OF ATTORNEY

Complete this section if you are acting on behalf of the executor(s) on this Estate Transmission Document for whom you have power of Attorney.

Full Name

I

Place and Country of residence

of

Occupation

Date of instrument creating the Power of Attorney

Hereby certify that by deed dated

Full Name of person/body corporate which granted Power of Attorney

I

Place and Country of residence of person/body corporate which granted Power of Attorney, (if donor is a body corporate, state place of registered office or principal place of business of donor and, if that is not in New Zealand, state the country in which the principal place of business is situated)

of

appointed me (his/hers/its) attorney

That I have executed the request for Share Transfer printed on this Estate Transmission Document under that appointment and pursuant to the powers thereby conferred upon me; and
That I have not received notice of any event revoking the power of attorney.

Signed at

Date

Signature(s)

Signature(s)

Signature(s) of Attorney(s)

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 (mpms.mufg.com).

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HOW TO COMPLETE THE ESTATE TRANSMISSION DOCUMENT

Estate Details

Full Name of Company/Issuer in which securities are held

This is the actual NAME of the Share Company, Corporation or Trust in which the securities being transmitted are held.

Type of Security

This is either Fully Paid Ordinary Shares, Partly Paid Shares, Units, Options, or Convertible Notes, etc...

Note: A separate Estate Transmission Document must be completed for each different class of security and each different registered holding.

Estate's CSN/Holder Number

The CSN/Holder Number can be found on the Transaction Statements, Dividend or Interest Payment Advices. The transfer cannot be processed without the Estate's CSN/Holder Number.

Number of Securities to be transferred

The number of securities being transferred (numbers only required). Please print clearly.

Estate Details

Enter the given and last names of all investor(s) or company/corporation name shown on securityholder documents.

Executor(s)/Administrator(s) Details

Full name(s) of Executor(s)/Administrator(s)

Enter the given and last names of the individual(s)/Trustee(s) or Company/Corporation acquiring the securities through this transmission. There is a maximum of three joint holders. Securities cannot be registered in an unincorporated trading name/business or in the name of a trust. Under Sec 92 of the *Companies Act, 1993*, securities may not be registered into the name of a Trust (unless it is a Registered Charitable Trust, and documented evidence produced to our office for noting). In the case of other trusts, securities must be registered in the name/s of the trustee/s. The word 'Trust' must not be used in any part of the registered name or address.

If transferring into an existing holding you must write the name (and address) details of the existing holding **exactly** as they currently appear on the register.

Executor(s)/Administrator(s) CSN/Holder Number

If the Executor(s)/Administrator(s) is an existing holder of securities in the company, their CSN/Holder Number may be entered here.

Full postal address of Executor(s)/Administrator(s)

Insert full address including the postcode. Only one address may be recorded, irrespective of the number of Executor(s)/Administrator(s).

Signatures

Executor(s)/Administrator(s) must sign and date in the designated areas in Sections (B) and (F).

- a) **Executors** All executor(s)/administrator(s) are required to sign for the transmission of securities and as verification of the details in Section (C). Probate requirements must also be complied with. Refer to the Estate Pack.
- b) **Power of Attorney** To sign as Power of Attorney (POA), you must have already lodged the Power of Attorney with the registry or alternatively attach a certified photocopy of the Power of Attorney to this form.

If the registry has previously sighted the POA document, you will need to complete the Certificate of Non-Revocation of Power of Attorney Section.
- c) **Companies** If the Executor/Administrator is a company, we require the signatures of two Directors OR a Director and Secretary OR Sole Director and Sole Company Secretary. Please ensure you sign in the appropriate boxes in Sections (B) and (F).

Note: Copies of documents forwarded must be **certified as a correct copy** by an authorised person who has the power to witness a statutory declaration. Any form or document that does not meet the company or trust's requirements will be returned without processing.