

SURVIVING JOINT HOLDERS

A SELLER DETAILS (Please use CAPITAL LETTERS)

Company/Issuer in which Investment is held
[Grid of 30 boxes for text entry]

Type of Security (e.g. fully paid, partly paid, units, etc.)
[Grid of 20 boxes for text entry]

Number of Securities to be Transferred
[Grid of 10 boxes for text entry]

CSN/Holder Number
[Grid of 10 boxes for text entry]

Date
[Grid for date entry: / /]

I/We, the surviving joint holder(s), hereby request transmission into my/our joint name(s) and apply to be registered as a securityholder in the above company/ issuer in respect of such securities. In support of my/our claim to be so registered I/we have lodged Death Certificate/Probate/Letters of Administration No. _____ dated/granted on _____ and certify that the deceased described therein is identical with the deceased joint holder referred to above. I/We agree to take and hold the said securities subject to the several conditions on which the former joint holders held the same. I/We give notice that my/our name(s) and address is as notified below and request that such be entered in the books of the company/issuer.

If joint holders details of all holders must be entered here

Given Name(s) or Company Name
[Large text box]

Last Name(s)
[Large text box]

Account Designation (if applicable, e.g. <John Smith A/C>)
[Grid of 20 boxes for text entry]

CSN/Holder Number (if already existing)
[Grid of 10 boxes for text entry]

Postal Address
[Grid of 30 boxes for text entry]

Suburb/Town
[Grid of 15 boxes for text entry]

Country
[Grid of 10 boxes for text entry]

Postcode
[Grid of 5 boxes for text entry]

B SIGNATURE(S) OF ALL REMAINING HOLDERS – THIS MUST BE COMPLETED

Investor 1 (individual)
[Signature box]

Joint Investor 2 (individual)
[Signature box]

Joint Investor 3 (individual)
[Signature box]

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

Director/Secretary (delete one)

Signature of Witness
[Signature box]

Signature of Witness
[Signature box]

Signature of Witness
[Signature box]

Phone Number of Witness
[Grid with () for text entry]

Phone Number of Witness
[Grid with () for text entry]

Phone Number of Witness
[Grid with () for text entry]

Seller(s) day time phone number
[Grid with () for text entry]

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



SURVIVING JOINT HOLDERS

C SURVIVING HOLDER(S) DETAILS (Please use CAPITAL LETTERS)

BANK DETAILS

Name(s) in which your account is held

Input field for Name(s) in which your account is held

Bank/Branch

Input field for Bank/Branch

Account Number

Input field for Account Number

Suffix

Input field for Suffix

Direct Credit Reference

Input field for 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.

Input field for current email address

MOBILE PHONE NUMBER

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

Input field for mobile phone number

D IRD NUMBER(S) AND EXEMPTIONS — USE CAPITAL LETTERS

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

OPTION 1 INDIVIDUAL/JOINT

Investor 1 Name

Input field for Investor 1 Name

Investor 2 Name

Input field for Investor 2 Name

Investor 3 Name

Input field for Investor 3 Name

IRD Number 1

Input field for IRD Number 1

IRD Number 2

Input field for IRD Number 2

IRD Number 3

Input field for IRD Number 3

Date of birth 1

Input field for Date of birth 1

Exempt

Input field for Exempt 1

Date of birth 2

Input field for Date of birth 2

Exempt

Input field for Exempt 2

Date of birth 3

Input field for Date of birth 3

Exempt

Input field for Exempt 3

OPTION 2 COMPANY/PARTNERSHIP/TRUST/ESTATE/MINOR

Company

Input field for Company

Partnership

Input field for Partnership

Trust

Input field for Trust

Estate

Input field for Estate

Minor

Input field for Minor

IRD Number

Input field for IRD Number

Exempt

Input field for Exempt

E ELECT YOUR TAX RATE

Tax rates apply to interest payments only.

10.5% tax rate option

17.5% tax rate option

28% tax rate option

30% tax rate option

33% tax rate option

39% tax rate option



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F SIGNATURE(S) OF ALL REMAINING HOLDERS – THIS MUST BE COMPLETED

Investor 1 (individual) Joint Investor 2 (individual) Joint Investor 3 (individual) Date
Sole Director and Sole Company Secretary/Director (delete one) Director/Secretary (delete one)

This form should be signed by all remaining holders as verification of the above details. If signed by the remaining holder'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.

G CERTIFICATE OF NON REVOCATION OF POWER OF ATTORNEY

Complete this section if you are acting on behalf of the surviving joint holder(s) on this Request for Transmission – Surviving Joint Holder(s) Document for whom you have power of attorney.

Full Name

Grid for Full Name

Place and Country of residence

Grid for Place and Country of residence

Occupation

Grid for Occupation

Date of instrument creating the Power of Attorney

Hereby certify that by deed dated [Date]

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

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

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)

Grid for Place and Country of residence of person/body corporate which granted Power of Attorney

appointed me (his/hers/its) attorney

That I have executed the request for Share Transfer printed on this Request for Transmission – Surviving Joint Holder(s) 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 [Signature] Date [Date]

Signature(s) of Attorney(s) [Signature] [Signature]

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.

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SURVIVING JOINT HOLDERS

HOW TO COMPLETE THE REQUEST FOR TRANSMISSION – SURVIVING JOINT HOLDERS DOCUMENT

Joint Holder(s) Details

Company/Issuer in which securities are held

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

Type of Security

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

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

Joint CSN/Holder Number

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

Number of Securities to be transferred

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

Joint holder(s) Details

Enter the given and last names of all securityholder(s) or company/corporation name(s) of surviving joint holders.

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

If the surviving joint holder(s) has/have a CSN/Holder Number already existing (but different to the original holding) please insert this in the field provided.

Insert full address including the postcode. Only one address may be recorded, irrespective of the number of joint holders. Please complete the Surviving Holder(s) details on the second page of this form.

Signatures

Joint holders must sign and date in the designated areas in Sections (B) and (D).

- a) **Surviving Holders** All surviving joint holders are required to sign for the transmission of securities and as verification of the details in Section (F).
- 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 a joint holder 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 (D).

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.