

D**ESTATE ADMINISTRATION PAYMENT DETAILS (CONT'D)****OPTION 2 – TO PAY BY CREDIT CARD:** Please complete the details below

Please debit my Credit Card with NZ\$92.00 (inclusive of GST):

(Only Visa or Mastercard can be accepted)

Credit Card Number:

Name on Card:

Visa:

Mastercard:

(tick)

Expiry Date:

Cardholder(s) Signature(s):

OPTION 3 – TO PAY BY DIRECT CREDIT: Please submit your payment of NZ\$92.00 (inclusive of GST) to:**Bank account name:** Link Market Services**Bank name and branch:** BNZ Limited Downtown Auckland**Bank account number:** 02-0108-0140144-00Please ensure that you **quote EST and the CSN/Holder number and Estate surname in the reference fields of the payment screen when you make your payment. If you fail to complete this, Link will not be able to match your payment to your request.****Please provide the following confirmation to Link to enable us to identify your payment in our account**

Date that payment was made:

Amount paid:

Name and branch of your bank

Direct Credit Reference/CSN/Holder Number

Surname

E**CHECKLIST: I HAVE COMPLETED AND/OR ATTACHED (Please tick)**

- | | | | |
|--|------------------------------|---|--|
| 1. Full name(s) and address of surviving joint holder(s) | Yes <input type="checkbox"/> | 3. Estate Administration Payment Details completed | Yes <input type="checkbox"/> |
| 2. Contact name and telephone number | Yes <input type="checkbox"/> | 4. Do you wish to receive a receipt for this payment? | No <input type="checkbox"/> Yes <input type="checkbox"/> |

Please read the following carefully.You will need to supply the following two documents to Link Market Services Limited as **CERTIFIED COPIES ONLY**. **Please do not send original documents.** A Certified Copy is a copy of the original document which has been certified to be a true copy of the original by a person authorised to do so. This includes a Justice of the Peace and Solicitor.

You will need to provide a Death Certificate.

Pursuant to the *Companies Act 1993*, only the surviving joint holder(s) is/are entitled to the deceased's interest in the securities.

- | | |
|---|---|
| 5. Certified copy of the Death Certificate | Yes <input type="checkbox"/> |
| 6. Certified copy of Power of Attorney of surviving joint holder(s) (if applicable) | N/A <input type="checkbox"/> Yes <input type="checkbox"/> |
| 7. Request for Transmission – Surviving Joint Holders | Yes <input type="checkbox"/> |

F**SIGNATURE(S)**

To be signed by the surviving joint holder(s) or Attorney if signed under Power of Attorney.

I/We declare that the information given is true and correct to the best of my/our knowledge.

Signature(s)

Signature(s)

Signature(s)

Privacy Clause: Link Market Services Limited advises that Section 87 of the *Companies Act 1993* requires certain information about you as a securityholder (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 securityholding. If part or all of the information is not provided, then it might not be possible to administer your securityholding. 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 (www.linkmarketservices.co.nz).

Date