

ESTATE TRANSMISSION DOCUMENT

A ESTATE DETAILS (Please use CAPITAL LETTERS)

Full name of Company/Issuer in which the securities are held

Type of Security (eg fully paid, partly paid, units, etc)

Number of Securities to be transferred

CSN/Holder Number

Date

 / /

ESTATE DETAILS

Given Name(s)

Last Name(s)

Account Designation (if applicable, eg <John Smith A/C>)

Registered Address

Contact day time phone number

 ()

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

The Executors/Administrators of the abovenamed Estate agree to transfer the securities shown above to the Executors of the said Estate and are entitled to transfer them as per the Probate/Will attached with this form.

Executor/Administrator

Executor/Administrator

Executor/Administrator

Signature of Witness

Signature of Witness

Signature of Witness

Phone Number of Witness

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Phone Number of Witness

 ()

Phone Number of Witness

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

Given Name(s) or Company Name

Last Name(s)

Account Designation (if applicable, eg <Estate John Smith A/c>)

CSN/Holder Number (if known)

Postal Address

Suburb/Town

Country

Post Code

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, LINK will use this to inform you of any changes to your security(ies) balance, address or bank account.

IRD NUMBER OR TAX EXEMPTION (TAX RATES APPLY TO INTEREST PAYMENTS ONLY)

Please provide your IRD number. Only one IRD number is required per holding.

Securityholder Name

IRD Number

Please tick the box below to elect your withholding tax rate at which you wish your interest payments to be taxed at:

10.5% 17.5% 28% 30% 33%

If you have a current **Certificate of Exemption** from resident withholding tax, please tick this box and **attach a copy.**

D SIGNATURE(S) OF EXECUTOR(S)/ADMINISTRATOR(S) – THIS MUST BE COMPLETED

Executor/Administrator

Executor/Administrator

Executor/Administrator

This form should be signed by all Executor(s)/Administrator(s) for the Estate as verification of the above details. If signed by the Executor(s)/Administrator(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

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 [Grid]

Place and Country or residence

of [Grid]

Occupation

[Grid]

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

[Grid]

Place and Country or 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 [Grid]

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

[Grid]

Date

[/ /]

Signature(s)

Signature(s)

Signature(s) of Attorney(s)

[Grid]

[Grid]

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 FASTER 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 securityholder(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 (D).

- 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 (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.