

**Company or Trust in which investment is held – THIS MUST BE COMPLETED**  
 (The full name of the Share Company or Trust in which the securities being transferred are held)

**Full Name(s) of Registered Holding**

(Enter the given and last names of all securityholder(s) shown on the securityholder documents)

**Account Designation**

**Registered Address**

(The actual address that is shown on the securityholder documents)

<input type="text"/>	
<b>Postcode</b>	<input type="text"/>

**Securityholder Reference Number (SRN)**

**A SMALL ESTATE STATEMENT AND INDEMNITY**

Please complete this form in **BLACK INK** using capital letters. Photocopies will not be accepted.

1. Description of Securities (Shares, Options, etc)	<input type="text"/>	2. Number of Securities held	<input type="text"/>
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I/We do solemnly and sincerely declare I am/we are the legal representative(s) for the above deceased estate.

3. Full name(s) of Executor(s) or Administrator(s)

4. Address of Executor(s) or Administrator(s). Only one address can be recorded.

Unit Number/Level	Street Number	Street Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town			State	Post Code
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

5. I/We request the security issuer to permit transmission of the securities detailed above to ourselves as legal representative(s) of the estate without requiring a Grant of Probate or Letters of Administration or reseal of grant of probate to be obtained in the state of:

<input type="text"/>	(Australian State or Territory where the securities are registered)
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In consideration of the security issuer registering the securities in my/our name(s) I/We hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and the trustees of the security issuer, the security registrar and the directors and officers of the security registrar from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

6. Contact Name	Telephone Number (Business Hours)	Telephone Number (After Hours)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Executor/Administrator (delete one)	Executor/Administrator (delete one)	Executor/Administrator (delete one)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness	Witness	Witness
<input type="text"/>	<input type="text"/>	<input type="text"/>

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

Date:        /        /

**HOW TO COMPLETE THIS FORM**

- A Small estates statement and indemnity.** Enter the following in the spaces provided:
- A brief description of the type of securities eg. shares, options etc.
  - The number of securities held in figures.
  - The full name(s) of all Executor(s) or Administrator(s).
  - The address details to be entered on the register. Please note that only one address can be recorded. This should be the address for the delivery of all future correspondence.
  - The Australian State or Territory where the securities are registered.
  - A contact name and telephone number of a person in the event that the registry has a query regarding this form.

**Important notice: If the holding is a broker sponsored holding in CHESS, do not send this completed form to MUFG Corporate Markets. You must contact the sponsoring broker to lodge a Small Estates Statement and Indemnity.**

**B Signature** – All Executor(s)/Administrator(s) must sign in the presence of a witness who is known to them.

**Personal Information Collection Notification Statement:** MUFG Pension & Market Services ("MPMS") advises that your personal information is collected by MPMS organisations for the administration of your investment as required or permitted by the *Corporations Act 2001* (Cth) and other legislation. Some or all of your personal information may be disclosed to contracted third parties, or related MPMS companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at <https://www.mpms.mufg.com> for a copy of the MPMS privacy policy, or contact us by phone on +61 1300 554 474 to request a copy.