Company/Issuer in which Invest	ment is held		CSN/Holder Number
Full Name(s) of Registered Hold	ling		
Tuli Name(s) of Registered Floid	iiig		
Registered Address			Postcode
A IMPORTANT IN	FORMATION		
	election plan participation ι		payments credited. This request will not cancel any fic instruction from you. A separate direct credit
B BANK ACCOUN	IT DETAILS — USE	CAPITAL LETTERS	s
Name in which your account is l	neld		
Bank/Branch	Account Number	Suffix	Direct Credit Reference (optional)
Name of Bank			
D SIGNATURE(S)	OF INVESTORS(S) -	— ALL MUST SIGN	N
Investor 1 (Individual)	Joint Investo	r 2 (Individual)	Joint Investor 3 (Individual)
Director	Director/Auth	norised Signatory (delete o	one) Director/Authorised Signatory (delete one)
This form should be signed by the inve			
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.			

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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