DIRECT CREDIT REQUEST FORM

Company/Issuer in which Investment is held

CSN/Holder Number

Full Name(s) of Registered Holding

Registered Address

Postcode

A — IMPORTANT INFORMATION

Provide details of the **bank, branch, and account** where you want to have your payments credited. This request will not cancel any dividend reinvestment or share election plan participation unless we receive specific instruction from you. A separate direct credit request form is required for each CSN/Holder Number.

B — BANK ACCOUNT DETAILS — USE CAPITAL LETTERS

Name in which your account is held

Bank/Branch

Account Number

Suffix

Direct Credit Reference (optional)

Name of Bank

D — SIGNATURE(S) OF INVESTORS(S) — ALL MUST SIGN

Investor 1 (Individual)

Joint Investor 2 (Individual)

Joint Investor 3 (Individual)

Director

Director/Authorised Signatory (delete one)

Director/Authorised Signatory (delete one)

Date

/ /

This form should be signed by the investor. If a joint holding, all investors should sign. If signed by the 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.

PO Box 91976, Auckland 1142 | +64 9 375 5998 | operations.nz@cm.mpms.mufg.com | nz.investorcentre.mpms.mufg.com

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