

Investor Details Notification / Changes Instruction

Company or trust in which investment is held	<input type="text"/>
Full Name(s) of registered holding	<input type="text"/>
Investor Number	<input type="text"/>

A Change of address notification

Address	<input type="text"/>				
Suburb / City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

B Request for direct crediting of payments

It is essential these details are correct for deposits to your nominated account. If in doubt, check with your Financial Institution.

BSB Number	<input type="text"/>	Account Number	<input type="text"/>
Name in which account is held	<input type="text"/>		
Name of bank or financial institution	<input type="text"/>		

C Tax File Numbers (TFN), Australian Business Numbers (ABN) or Exemptions

Use this form to provide your TFN and/or to claim the appropriate exemption by quoting the Exemption Code. A Company, Partnership, Trust Super Fund or an individual can provide either their TFN, or, where the securities are held for a business purpose, their ABN.

Individuals/ Joint Holders

TFN of Individual (Investor 1)	<input type="text"/>	TFN of Joint Holder (Investor 2)	<input type="text"/>
Name of Individual (Investor 1)	<input type="text"/>	Name of Joint Holder (Investor 2)	<input type="text"/>
Mark this box with an 'X' if Exemption applies	<input type="checkbox"/>	Type of Exemption	<input type="text"/>

D Sign here

This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our shares.

Individual Investor 1	<input type="text"/>	Joint Holder/Investor 2	<input type="text"/>
Director 1		Director 2/Company Secretary	
		Date	<input type="text"/>

E Annual Report request

The Company will automatically mail you an Annual Report each year unless you elect otherwise.

Please mark this box with an 'X' if you DO NOT wish to receive the Company's Annual Report.
You will, however receive all other security holding mailings including notices of meetings and proxy forms

How to complete this form

A. Change of Address Notification

This Section must be completed in full. Enter your current registered (old) address as it appears on the payment advice received by you. Enter your new address details that you wish to have recorded. Please note that only one address can be recorded. This should be the address for delivery of all future correspondence.

B. Request for direct crediting of payments

Complete this section if you want to change the banking details you have previously provided to us. Your payments can be paid directly into any Australian bank, credit union or building society account, nominated by you. Until you advise otherwise, all future cash payments will be paid into the nominated account.

Neither the Company nor the Registry will be responsible for any delays in crediting dividends to your nominated account as a result of transaction procedures or errors by any financial institutions. This instruction only applies to the specific holding identified by the Unitholder number and the name appearing on this form.

IMPORTANT: SEE BELOW FOR EXEMPTION CATEGORIES

C. Tax File Numbers (TFN), Australian Business Numbers (ABN) or Exemptions

Please record your TFN, ABN or the appropriate exemption information. If you are exempt, but have a TFN, it is safer to provide your TFN in case your circumstances change.

For investments held jointly, details of only two investors are required. If possible, you should give details of those securities with a TFN rather than those who are exempt.

For investments held on behalf of another person, such as a child or an aged or invalid person, enter the Trust TFN. If there is no Trust TFN, enter the Trustee's TFN or exemption. Where the investment is held by an adult for a child, the adult is the Trustee.

IMPORTANT: SEE BELOW FOR EXEMPTION CATEGORIES

Exemption Categories

For details about who is exempt, please contact the Australian Taxation Office. To claim your exemption, please enter the number of the pension or benefit you receive from the following list:

Description	Exemption Code	Description	Exemption Code
Aged Pension	444444441	Carer's Pension	444444442
Invalid Pension	444444441	Non Profit Organisation	555555555
Rehabilitation Allowance	444444442	Service/Veteran's Pension	444444441
Sole Parent's Pension	444444442	Special Benefit	444444442
Widow's Pension	444444442	Wife's Pension	444444442

It is not an offence to withhold your TFN or, where the securities are held for a business purpose, your ABN. However, if you do not provide your TFN or ABN, tax may be deducted from payments of interest and distributions at the highest marginal rate.

This instruction only applies to the specific holding identified by the Unitholder number and the name appearing on the front of this form.

For more information about Tax File Numbers, Australian Business Numbers and Exemptions please contact the Australian Taxation Office on 1300 781 081.

D. Sign Here

This form must be signed correctly by the unitholder(s). Where the unitholder is an individual, a single signature is required. In the case of a joint holding, the signatures of each holder are required. Where the request is signed by an attorney under power of attorney, please print the name of the attorney and state that the request is signed under power of attorney (eg. John Smith as attorney of Greg Jones under power of attorney), and produce the power of attorney for noting by the Company. Companies need to sign in accordance with their constitution.

E. Annual report request

Can you help us to reduce costs? We have many unitholders and it is costly for the company to produce and mail Annual Reports. We are required to automatically mail you a report each year unless you instruct us otherwise. By marking the box you can select not to receive a copy of the Company's Annual Report. However, you will still receive all other unitholder mailings.

Use black pen. Print in CAPITAL letters inside the boxes.

Please return this form by facsimile or by post to: PO Box 1307, CAMBERWELL VIC 3124