

Change of Contact Details

Please return completed form to: C/- LINK Market Services Limited
Locked Bag 5038, Parramatta NSW 2124 or by fax to 1300 366 107

1. Investor information

PLEASE USE BLOCK CAPITALS

Investor number (if known)

Full account name

2. Contact details

Residential address (mandatory). PO Box is not acceptable.

Postal address details (will be used for all account correspondence)

Street address

Street address

Suburb

Suburb

State

Postcode

State

Postcode

Country (if not Australia)

Country (if not Australia)

Contact details: Provide at least ONE contact phone number

Select which details you wish to update

Telephone (home)

Residential address

Telephone

Telephone (work)

Postal address

All

Telephone (mobile)

Email

Email

Communication Preference

Facsimile

Post

Email

3. Signatures and roles

Signature - Investor 1

Title (Director/Secretary/Sole Director/Trustee/Power of Attorney)

Title (Director/Secretary/Sole Director/Trustee/Power of Attorney)

Print name

Print name

Date signed

Date signed

SIGNING INSTRUCTIONS

Individual investor: where the investment is in one name, the investor must sign.

Joint investors: where the investment is in more than one name, all investors must sign. All subsequent instructions will require the signature of all joint investors.

Corporate investor/Corporate trustee: must sign either: (a) under seal and signed by directors; or (b) by two directors or director and company secretary; or (c) by a sole director/sole secretary (where applicable). **Please state your name and role in the company beneath your signature (e.g. Director, Secretary, Sole Director).**

Superannuation/Trust: each trustee must sign.

Power of Attorney (POA): if signed under a POA, a certified copy of the POA must have been previously provided to BlackRock. If not, an originally certified copy of the POA as well as an originally certified copy of the attorney's driver's license, passport or other photo identification which confirms their name, address and contains their signature must be attached to this form. The attorney certifies that they have not received notice of revocation of that power.

Signatory List: please provide a signatory list (if applicable).

Please provide certified proof of your identity and signature with your request to enable us to verify your identity as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

The changes to your contact details as instructed by you pursuant to this form will be made by us as soon as reasonably practicable. Please note that if you change your email address and/or mobile number, those details will change accordingly for portal verification purposes.

Company Seal