



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

[Empty text box for Full Name(s) of Registered Holding]

**Account Designation**

[Empty text box for Account Designation]

**Registered Address**

[Empty text box for Registered Address, including a Postcode field]

**Securityholder Reference Number (SRN)  
Or Holder Identification Number (HIN)**

[Empty grid for Securityholder Reference Number (SRN) or Holder Identification Number (HIN)]

**A REQUEST FOR DIRECT CREDIT OF PAYMENTS**

Please use a BLACK pen. Print CAPITAL letters inside the shaded areas.

[Shaded boxes for letters A, B, C]

[Shaded boxes for numbers 1, 2, 3]

Insert details of your Australian or New Zealand Financial Institution, Branch and Account into which you wish to have your payments made. This request will not cancel any reinvestment plan participation (if any) unless we receive specific instructions from you. A detailed payment advice will be provided for each payment.

A direct credit request form is required for each holding.

Dividends to Securityholders with a registered address in New Zealand will be paid in New Zealand dollars.

Name(s) in which your account is held

[Large shaded box for Name(s) in which your account is held]

BSB Number or Sort Code

[Shaded box for BSB Number or Sort Code]

Account Number

[Shaded box for Account Number]

Account Type (eg S1) or Suffix (NZ only)

[Shaded box for Account Type or Suffix]

Name of Financial Institution

[Large shaded box for Name of Financial Institution]

Suburb/Town of Financial Institution

[Large shaded box for Suburb/Town of Financial Institution]

**B SIGNATURE(S) OF SECURITYHOLDER(S) – THIS MUST BE COMPLETED**

Securityholder 1 (Individual)

[Shaded box for Securityholder 1 signature]

Joint Securityholder 2 (Individual)

[Shaded box for Joint Securityholder 2 signature]

Joint Securityholder 3 (Individual)

[Shaded box for Joint Securityholder 3 signature]

Sole Director and Sole Company Secretary/Director (delete one)

Director/Company Secretary (delete one)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signing Instructions:** This form should be signed by the securityholder. If a joint holding, all securityholders should sign. If signed by the securityholder'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 Corporations Act 2001 (Cth) (or for New Zealand companies, the Companies Act 1993).

**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 [www.mpms.mufg.com](http://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.

