Communication preference form

Company, Trust, Warrant or Product in which investment is held

Full Name(s) of Registered Holding		
Account Designation		
Registered Address		Securityholder Reference Number (SRN) Or Holder Identification Number (HIN) or Share Certificate Number
	Postcode	
Α	COMMUNICATION PREFER	ENCE
Please use a BLACK pen. Print CAPITAL letters inside the combed boxes below.	A B C 1 2 3	
In order to receive shareholder communication	on electronically, please complete the form belo	DW.
My email address is		
@		
Please provide your phone number in the e we need to contact you about your sharehold		
Please provide your communication prefere	nce below	
Annual Report Not	ice of Meeting & Proxy Mark	eting Material
Company Information Pay	Company Information Payment Statements	
The default option for receiving your annual	report is via the company's website.	
B SIGNATURE(S)	OF SECURITYHOLDER(S) TH	HIS MUST BE COMPLETE
Securityholder 1 (Individual)	Joint Securityholder 2 (Individual)	Joint Securityholder 3 (Individual)
Sole Director and Sole Company Secretary/Director	Director/Company Secretary	
should sign. If signed by the securityholder's attorney by the registry or a certified copy attached to this form	y the securityholder. If a joint holding, all securityholders, the power of attorney must have been previously noted. If executed by a company, the form must be executed in <i>prorations Act 2001</i> (Cth) (or for New Zealand companies,	