

Banking Instructions for Dividends & Tax File Number Notification

If your shareholdings are **CHESS sponsored** by Taylor Collison this form will advise participating Share Registries to: 1. Deposit your cash dividends and distributions electronically to a nominated Bank Account and/or 2. Record your Tax File Number (TFN)

Please complete individual or both sections as required.



Client Account Name:

Client Account Number:

Holder Identification No. (HIN):

Pershing Securities Australia Pty Ltd ("PERSHING")

ABN 60 136 184 962 AFSL No. 338264

AUTHORISATION:

By completing this form, whenever you purchase financial products which are CHESS sponsored by Taylor Collison, Pershing will pass your banking details and/or Tax File Number (TFN) via CHESS to the Issuer's Share Registry. These instructions will override all previous instructions you have given Taylor Collison, Pershing or the relevant Issuer. These instructions only apply to holdings CHESS sponsored by Taylor Collison. For other holdings, contact the Issuer directly. There are also no guarantees that all Share Registries will accept these instructions from Pershing.

Income Direction Authorisation: I/we will be CHESS Sponsored by Taylor Collison and I/we authorise CHESS and Pershing to severally advise the relevant Issuer or its nominee to pay by direct credit to the Nominated Bank Account (as specified below) all cash dividends, distributions, interest or income payable to my/our HIN. Note that by providing this instruction, it may override your participation in any existing Dividend Reinvestment Plans (DRP) or Bonus Share Plans.

Income Direction Form

IMPORTANT: In order for this Instruction to be actioned you must provide **a copy of a Bank Statement**. Bank Statements must be less than 6 months old, showing Account Name, Address, BSB and Account Number. Direct Debit/Credit will only be actioned upon receipt of this. Please note: Transaction listings or Screenshots are not acceptable.

Financial Institution Name:

Account Name:

BSB: **Account No.**

Tax File Number Notification

Individuals/Joint Holders

TFN of Individual (Securityholder 1)

Name 1 (Full Name)

TFN of Individual (Securityholder 2)

Name 2 (Full Name)

Other Entities

☐ Company ☐ Partnership ☐ Trust ☐ Super Fund ☐ Other

TFN of Company, Partnership, Trust or Super Fund

CLIENTS TO COMPLETE

Individual/Director (1):

Signature X **Date**/...../.....

Print Full Name

Secretary/Individual/Director (2):

Signature X **Date**/...../.....

Print Full Name

Secretary/Individual/Director (3):

Signature X **Date**/...../.....

Print Full Name

If client is a Company, please indicate which type: ☐ Sole Director/Sole Secretary
☐ Two or more directors (two or more directors must sign)

Important: Please ensure that you provide the correct details. Please note any changes to details must be notified immediately to Taylor Collison. If you fail to (a) provide correct details or (b) immediately notify Taylor Collison of changes to details, we may not be able to provide you with the services you require and accept no responsibility or liability for any resulting loss, liability, cost or expense.