| Account Name Amendme | nt Form | | | |
|---|---------------------------|------------------------------------|-----------------------|-------------------------|
| Client Account Name | | | | |
| Client Account Number | | Holder Identification N | o (HIN) (optional) | |
| Address | | | | |
| Change to be made Change of Name Change of Name | hange of Designation | | | |
| Change of Name | | | | |
| I hereby state that 1. My true and correct name is | | | | |
| 2. I am one and the same person as | | | | |
| If multiple account holders require chan In the instance of a change of name due Please attach certified documents to sup | to marriage, please sig | gn this form in both your maide | n name and marrie | ed name. |
| Change of Designation | | | | |
| Please update the Designation on the trad Current designation | ing account mentions | ed above to the New Designa | tion noted below | |
| New designation | | | | |
| Contact Information | | | | |
| Contact Name | | | | |
| Phone (H) | Phone (M) | | Phone (W) | |
| Signature of Account Holder(s) | | | | |
| There has been no change in the beneficial own | ership of the securities. | | | |
| In consideration of Morrison Securities Pty Ltd (Andemnified Morrison Securities Pty Ltd (ABN 50 Proceedings, demands, costs and expenses whats | 001 430 342) and its Ag | gents, from and against all losses | in respect thereof ar | nd all claims, actions, |
| Individual / Director (1): Full Name | | Signature | | Date |
| Individual / Director (2): Full Name | | Signature | | Date |
| Individual / Director (3): Full Name | | Signature | | Date |

Morrison Securities Pty Limited PO Box R1837, Royal Exchange NSW 1225 Accounts (02) 8114 2240 www.morrisonsecurities.com Return completed form to accounts@morrisonsecurities.com

All account holders must sign. For company accounts, sign in accordance with the company's constitution.

