

COMPANY (OR COMMUNITY BANK) IN WHICH SHARES ARE HELD

Shareholder Name(s) (as it appears on the Register)

Shareholder Address (as it appears on the Register)



PO Box 454
Bendigo VIC 3552
Phone (03) 5443 0344
Fax (03) 5443 5304

shareregistry@afsbendigo.com.au
www.afsbendigo.com.au

ABN 51 061 795 337

Small Estate Indemnity

- ✓ Please use a black pen and print in CAPITAL letters.
- ✓ Please refer to instructions on the back of this form.

A Details of the Executor(s) or Administrator(s)

Full Name of Executor / Administrator 1: _____

Full Name of Executor / Administrator 2: _____

Full Name of Executor / Administrator 3: _____

Full Name of Executor / Administrator 4: _____

B Shares

Number of Shares Held: _____

Australian State or Territory where the Shares are Registered: _____

C Statement and Indemnity

I/We warrant that I am/ we are the legal representative(s) for the above deceased estate.

Due to the small value of the estate no grant of probate or letters of administration has/have been obtained for the estate, nor is it my/our intention to obtain such.

I/We request the share issuer permit transmission of the shares detailed above to me/ourselves as legal representative(s) of the estate without requiring a grant of probate or letters of administration or resale of grant of probate be obtained in the Australian state or territory where the shares are registered.

In consideration of the share issuer registering the shares in my/our name(s) I/we hereby covenant to indemnify and forever keep indemnified the share issuer, the directors and trustees of the share issuer, AFS & Associates Pty Ltd and the directors and officers of AFS & Associates Pty Ltd from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

D Sign and Date (all Executor(s) / Administrator(s))

I/we authorise you to act in accordance with my/our instructions above.

Signatures:

Executor / Administrator 1: _____

Executor / Administrator 2: _____

Executor / Administrator 3: _____

Executor / Administrator 4: _____

_____/_____/_____
Day Month Year

() _____
Contact Number

How to complete this form

This indemnity is to be completed where grant of probate or letters of administration has/have not been obtained for the estate, nor is it intended to obtain such a grant due to the small value of the deceased's estate. The indemnity requests the security issuer permit transmission of the securities detailed above to the legal representative(s) of the estate without requiring a grant of probate or letters of administration or reseal of grant of probate.

A Details of the Executor(s) or Administrator(s)

Provide the full names of the executor(s) and administrator(s).

B Shares

Provide the number of shares held by the deceased.

Provide the Australian state or territory in which the shares are registered.

C Statement and Indemnity

Read carefully.

D Sign and Date

All executor(s) and administrator(s) are required to sign the form.

Power of Attorney: To sign as power of attorney attach a certified copy of the power of attorney to this form if not previously provided to the registry.

E Please return your completed form and documents to:

**AFS & Associates Pty Ltd
Share Registry
PO Box 454
Bendigo VIC 3552**