

Fund in which your investment is held

Full name(s) of registered holding

Registered address

All correspondence and enquiries to:

Centuria

PO Box R775, Royal Exchange NSW 1225
Tel: 1800 182 257 (within Aust)
Tel: +61 2 7248 6323 (outside Aust)
Email: centuria@getcaruso.com
portal.centuria.com.au

You are required to insert this number
Investing Entity ID

DIVIDEND OR DISTRIBUTION REINVESTMENT PLAN (DRP) APPLICATION/NOTICE OF VARIATION

USE A **BLACK PEN**. PRINT IN CAPITAL LETTERS INSIDE THE BOXES.

Section 1 PARTICIPATION SELECTION

Please complete one choice only.

OPTION A

Full participation is required in the DRP.

All securities held will participate in DRP. No cash payment will be issued.
Please tick box A.

Box A

OPTION B

Partial participation is required in the DRP.

Please write in box B the number of securities or the percentage of your total securities held you would like to participate in the DRP. The distribution on the balance of your securities (if any) will be issued in cash. Securities issued as a result of your partial participation in the plan will automatically participate in the plan.

Box B

OPTION C

Termination of participation in the DRP

Only tick box C if you are already in the DRP and wish to cancel your participation.
(Please complete direct credit details below to ensure that future payments may be made to your bank account)

Box C

Section 2 REQUEST FOR DIRECT CREDITING OF PAYMENTS

Please credit all cash payments from the above holding directly to our account at the following Australian financial institution:

Account number

BSB number

Name in which account is held (e.g. John Smith)

Name of Australian bank or financial institution

Name of branch or suburb or town

Type of account (e.g. cheque, savings)

Section 3 SIGNATURES

This section **MUST** be signed for your instructions to be executed.

Individual:

This form is to be signed by the investor.

Joint holding:

Where the holding is in more than one name, all of the investors must sign.

Power of Attorney:

To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.

Companies:

Two Directors, Director and Company Secretary or Sole Director and Sole Company Secretary can sign.

Please indicate the office held by signing in the appropriate space.

I/We authorise you to act in accordance with my/our instructions set out above in relation to participation in the DRP.

I/We acknowledge I/we are aware of the terms applying to participation in the DRP and that these instructions supersede and have priority over all previous instructions.

I/We authorise you to act in accordance with my/our instructions set out above.

I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but do not override any previous reinvestment plan instructions.

Individual 1

Sole Director and Sole Company Secretary

Date (DD/MM/YYYY)

Individual 2

Director

Date (DD/MM/YYYY)

Individual 3

Director/Company Secretary

Date (DD/MM/YYYY)

If this form is returned signed, but with no option indicated, it will be treated as an application for full participation.

PRIVACY

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