INTESTACY REQUEST AND INDEMNITY form

IMPORTANT NOTE: This form replaces the requirement for Letters of Administration when the current market value of an estate portfolio does not exceed AU\$15,000 and where the deceased died without leaving a Will.

ASX Code	Security Name (eg. AMP Limited)	Security Reference Number (SRN) / Holder Identification Number (HIN)	Quantity of share
] [

Proceed to **SECTION B** >

Section B – Estate and Next	of Kin Details
Estate of the late	
Full Name	Relationship to deceased
Applicant (Next of Kin) 1	netationship to deceased
Applicant (Next of Kin) 2	
Applicant (Next of Kin) 3	
Certified Death Certificate:	
Has one been provided? Yes	$oxed{oxed}$ No $oxed{oxed}$ If No, a certified copy of the Death Certificate must accompany this form.

Please mail your completed and signed form to the address below.

Proceed to **SECTION C** >

Section C - Declaration

I/We warrant that I am/we are the next of kin entitled to apply for Letters of Administration of the estate. To the best of my/our knowledge and belief, the deceased died without leaving a Will and no grant of representation has been applied for or granted. Due to the small value of the estate I/we do not intend to apply for a grant of representation and to the best of my/our knowledge and belief no grant will be applied for by any other person.

In consideration of the security issuer registering the securities in my/our name(s), I/we hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, the security registrar and its directors and officers, as well as CMC Markets Stockbroking Limited and its directors and officers 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.

Name	Signature	Date (DD/MM/YY)
Next of Kin 1		
	X	/ /20
Vitness 1 (MANDATORY)		
	X	/ /20
Next of Kin 2		
	×	/ /20
Witness 2 (MANDATORY)		
	×	/ /20
Next of Kin 3		
	X	/ /20
Witness 3 (MANDATORY)		
	X	/ /20

Please mail your completed and signed form to the address below.

failing to ensure a statement is not false or misleading (\$5,000 or 1 year imprisonment or both).