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## SECURITY TRUST ORDER FORM

| MODEL           | Electronic            | Presentation folder |                  |                              |
|-----------------|-----------------------|---------------------|------------------|------------------------------|
| NAME OF T       | RUST:                 |                     |                  |                              |
| Proper Law o    | of the Trust (e.g. NS | W, Vic. etc.)       |                  |                              |
| TRUSTEE/s       |                       |                     |                  |                              |
| 1. Full Name:   |                       |                     | A.C.N            |                              |
| Address:        |                       |                     |                  | (if applicable) P/code:      |
| 2. Full Name:   |                       |                     | A.C.N            |                              |
| Address:        |                       |                     |                  | (if applicable) P/code:      |
| BENEFICIA       | RY                    |                     |                  |                              |
| 1. Full Name\s: | :                     |                     | A.C.N            |                              |
| as Trustee of   | ;<br>                 |                     |                  | (if applicable) (Super Fund) |
| Address:        |                       |                     |                  | P/code:                      |
| DETAILS C       | OF TRUST ESTA         | TE                  |                  |                              |
| 1. Real Estat   | te (if applicable)    |                     |                  |                              |
| Address of Prop | perty:                |                     |                  | P/code:                      |
| Lot No.:        |                       | Deposit Plan/St     | rata Plan No.: _ |                              |

| Company                       | Number & Class of Shares  |  |  |
|-------------------------------|---|--|--|
|                               |   |  |  |
|                               |   |  |  |
| ORDERED BY                    | PAYMENT DETAILS   |  |  |
| Company name                  | Bankcard Mastercard Visa  |  |  |
| Contact name                  | Number  Expiry date Name  |  |  |
| Address                       | - Direct deposit  (Account details below. Please fax confirmation)  CorpReps BSB 062287 A/c No. 10282947  Commonwealth Bank, Brookvale, NSW |  |  |
| Phone/Fax                     | Bank cheque Cash  |  |  |
| DELIVERY DETAILS              | Approved client: A/c No.:   |  |  |
| Personal collection   Courier | Please note: The person placing the order is responsible for payment of the account   |  |  |

**2. Shares** (if applicable)