

This form should be completed if you wish to appoint another person with the required legal capacity to act as your authorized representative and to operate investments on your behalf. You may cancel this appointment at any time by giving Hamilton Asset Management notice in writing.

Please complete the relevant sections in BLOCK letters.

Returning this form

You should return this form either by post or facsimile. Please only use one method of reply

Mail:
 Hamilton Asset Management Limited
 PO BOX 402
 HAMILTON NSW 2303

Facsimile:
 +61 2 4920 2878

Email:
 investor_services@reespritchard.com.au

More information:
 Please telephone 02 4920 2877

1. Investor details (must be completed)

Investor Number	<input type="text"/>
Investor Name	<input type="text"/>
Contact phone number	<input type="text"/>

2. Details of your authorised representative (must be completed)
Authorised representative 1

Title (please select)	<input type="text"/>	Date of birth	<input type="text"/>	
Surname	<input type="text"/>		Given name(s)	<input type="text"/>
Address (must not be a PO Box Number)				
Suburb	<input type="text"/>	State	<input type="text"/>	
Postcode	<input type="text"/>			
Home phone number	(<input type="text"/>)	Mobile phone number	(<input type="text"/>)	
Email address (optional)				
Relationship to investor (optional)				

Authorised representative 2

Title (please select)	<input type="text"/>	Date of birth	<input type="text"/>	
Surname	<input type="text"/>		Given name(s)	<input type="text"/>
Address (must not be a PO Box Number)				
Suburb	<input type="text"/>	State	<input type="text"/>	
Postcode	<input type="text"/>			
Home phone number	(<input type="text"/>)	Mobile phone number	(<input type="text"/>)	
Email address (optional)				
Relationship to investor (optional)				

4. Account operating instructions (optional)

If you have nominated two authorised representatives, please tick the applicable operating instructions

Either to sign on my behalf

Both must sign on my behalf

Unless operating instructions are specified, all representatives must sign

The above persons are in addition to the existing authorised representatives

The above persons replace the existing authorised representatives who are no longer authorised to operate this account

Unless you indicate otherwise, we will assume that the authorised representatives nominated above are in addition to any other authorised representatives you have nominated previously

I wish to remove the authorised representatives from my account

5. Declaration

I/We authorise the above named person(s) to act on my/our behalf to operate my/our investments with Hamilton Asset Management. The authorised person(s) can do everything an investor can do, except appoint another authorised representative. I/We are aware that I/we are responsible for the actions of the authorised representative(s). I/We also release, discharge and agree to indemnify Hamilton Asset Management and the funds for any losses, liabilities, actions proceedings, accounts, claims and demands in respect of any liabilities arising out of this. This arrangement will continue until I/we cancel it by notifying Hamilton Asset Management in writing. The cancellation will take effect from the date of receipt by Hamilton Asset Management.

6. Signatures (must be completed)

Each signatory confirms that they have been duly authorised to execute this application on behalf of the applicant(s) and that the signing authorities specified below have also been duly authorised

Authorised representative 1 (new)	Authorised representative 2 (new)
Name	Name
Signature	Signature
Sole Director and Sole Company Secretary / Director (delete one)	Director / Company Secretary (delete one)
Date	Date
Signatory 1 (existing)	Signatory 2 (existing)
Name	Name
Signature	Signature
Sole Director and Sole Company Secretary / Director (delete one)	Director / Company Secretary (delete one)
Date	Date