Request to Exercise Executive Company Options

Complete this form using black ink, CAPITAL LETTERS and mark [x] in the appropriate boxes.

| 1 Facility & Seco | urity Owner Details | | | |
|---|---|--|---|--|
| Loan Account Name | | | | |
| Loan Account Number | | | | |
| 2 Exercise of Ex | ecutive Company Option | ons into Ordinary Fully Pai | d Shares | |
| Please provide a copy | of your exercise notice | | | |
| ASX Code | | Number of Options to Exercise | | |
| Cost of Option Exercise | \$ | Security Owner Name and HIN | Х | |
| 3 Acknowledger | ment and Execution | | | |
| By signing this form, each | h Borrower and Security Owner: | | | |
| | o accept this notice as a borrowing ailed in Section 2 ("Options"). | request under the Borrower's margin len | ding facility, to exercise the Executive | |
| Instructs the Lender, S Owner's behalf. | Sponsor or Nominee to exercise the | se Options and to receive the issued Sec | urities on the Borrower's or Security | |
| | | ordinary shares (Securities) in the name ns are exercised and the applicable Secu | | |
| | o deal with the Securities or these | ons in any way nor instruct any other per Options in any way that may negatively ir | | |
| _ | y are liable for loss or damage suff that is inconsistent with any matte | ered by the Lender, Sponsor or Nominee r set out above. | as a result of any dealing or instruction | |
| Signature of Borrower 1 | | Signature of Borrower | Signature of Borrower 2 | |
| | | | | |
| Full Name of Borrower 1 | | Full Name of Borrowe | Full Name of Borrower 2 | |
| Company/Trust: indicate | e capacity | Company/Trust: indic | cate capacity | |
| Director Sole Director and Secretary Trustee | | | | |
| Date / | / | Date / | 1 | |
| Submit this form by: Mail: Leveraged, GPO BO |)X 5388, Sydney NSW 2001 | | | |

For any enquiries please contact the Customer Service Team on 02 8282 8251

Email: customerservice@leveraged.com.au

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