BORROWER DETAILS

₹<u>st</u>.george

Margin Lending Options Plan Application

Please also ensure you complete the Form of Acknowledgement.

Please note: Before you can start using this feature, one of our Account Managers will contact you once your application has been approved.

Name of borrower(s) - If the Borrower is a Trust or C Write the name of the borrower(s) exactly as it appe	Company please specify the Company or Trust name ears on the St.George Margin Lending Application
Borrower's Client Reference Number (if known)	
BROKER/ASX CLEAR PARTICIPANT DETAI	LS
Name of Broker*/ASX Clear Participant	
Broker/ASX Clear participant company	
	the approved stockbrokers for options trading can be located on our website stgeorgemarginlending.com.au
DECLARATION AND SIGNING By signing this application you acknowledge:	
 having read and understood the Options Plan Te 	rms and Conditions
	supplementary to the facility agreement that you have read and understood.
in accordance with S127 of the Corporations Act.	nd one secretary or the sole director must sign and executions are
First Borrower's Name	Second Borrower's Name
Full name	Full name
Office held (if a company)	Office held (if a company)
Office field (i) a company)	Office field (i) a company)
First Borrower's Signature	Second Borrower's Signature
Y	×
<u>^</u>	
Date /	Date / /
First Third Party Security Provider	Second Third Party Security Provider
Full name	Full name
Office held (if a company)	Office held (if a company)
Signature	Signature
X	X
Date	Date
<i>l l</i>	
Common Seal (if applicable)	Privacy Statement

The personal information we collect from you on this form will be used to process your application. We may disclose your personal information to other members of the Westpac Group, anyone we engage to do something on our behalf, and other organisations that assist us with our business. Our privacy policy, available at stgeorge.com.au or by calling 13 33 30, contains information about how we handle your personal information.

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MARGIN LENDING OPTIONS PLAN APPLICATION	(Clause 12.1(c)
FORM OF ACKNOWLEDGEMENT FROM CLIENT	
St. George Margin Lending Client Reference Number (if known)	
To be signed by the Client and returned to St.George Margin Lending	And to: Name of Broker*/ASX Clear Participant
ASX Clear Pty Limited	
Level 4 20 Bridge Street Sydney, NSW 2000	Address of Broker/ASX Clear Participant
And to:	
St.George Margin Lending Reply Paid 1467 Royal Exchange NSW 1224	*Stockbroker must be one of the St.George approved stockbrokers. A list of the approved stockbrokers for options trading can be located on our website stgeorgemarginlending.com.au
Dear Sir/Madam,	
Client Acknowledgement of the Master Deed of Priority. I refer to the Master Priority Deed dated 21 June 2002 ("Deed") between to Options Clearing House Pty Limited) ("ASX Clear") and St. George Bank - A ("Margin Lender"). Terms defined in the Deed have the same meaning in the instructed my Broker/ASX Clear Participant (as above) to register Option (as above).	Division of Westpac Banking Corporation ABN 33 007 457 141 is letter. I am a Client of St.George Margin Lending and have
I acknowledge, consent to and confirm the following: I. I indemnify ASX Clear for any costs, liabilities or loss incurred by it, or it (a) execution and stamping of the Deed; and (b) costs, charges and expenses incurred by ASX Clear in connection w discharge in relation to, the Deed.	es agents or employees in connection with the: ith any exercise or non-exercise of rights under or any variation, waiver or
2. I agree to be bound by the Deed and acknowledge and confirm the order Securities set out in the Deed.3. I will co-operate in the implementation, and assist in giving effect to the	Deed, and will not do anything inconsistent with the terms of the Deed.
(Please ensure all parties on your account, including third party security)	providers, sign below)
BORROWER	
First Borrower	
Full name	Office held (if a company)
Signature	Date
X	
Second Borrower Full name	Office held (if a company)
Signature	
X	Date / /
First Third Party Security Provider Full name	Office held (if a company)
Signature	
Oignature	Date
X	/ /
Second Third Party Security Provider Full name	Office held (if a company)
Signature	
	Date
X	<i>I I</i>

Please send the completed form and relevant attachments to: St.George Margin Lending Reply Paid 1467, Royal Exchange NSW 1224

Common Seal (if applicable)