



**Return your information:**

**Online:**  
AMP Limited ABN 49 079 354 519

**By Mail:**  
AMP Share Registry  
GPO Box 2980 Melbourne  
Victoria 3001 Australia

**Enquiries:**  
(within Australia) 1300 654 442  
(international) 61 3 9415 4051  
Facsimile 1300 301 721

Name and address of holder/s:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please enter SRN/HIN in boxes below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

For your security keep your SRN/HIN confidential.

## Dividend Reinvestment Plan (DRP)

Use a black pen. Print in CAPITAL letters inside the grey areas

|   |   |   |
|---|---|---|
| A | B | C |
|---|---|---|

Where a choice is required mark the box with an X

|   |
|---|
| X |
|---|

**I/We elect to *participate* in the DRP, or *vary our participation* in the DRP as follows:**

**Full participation** including any further shares added to the holding (subject to any plan rules regarding maximum participation)

**OR**

**Partial participation**  
Please write the number of shares to participate in the DRP

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**OR**

**I/We elect to *terminate* participation in the DRP with effect from the next dividend payment**

**Terminate participation**

### Sign and date below

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments of dividends and any other payments to which I/we am/are entitled to be paid in cash. Where I/we have indicated participation in the DRP, I/we hereby agree to be bound by the Terms and Conditions of the DRP.

**Shareholder 1**

|  |
|--|
|  |
|--|

**Director**

**Shareholder 2**

|  |
|--|
|  |
|--|

**Director/Company Secretary**

**Shareholder 3**

|  |
|--|
|  |
|--|

**Sole Director and Sole Company Secretary**

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

**Note:** By signing under a Power of Attorney, the attorney states that they have not received a notice of revocation. If you have not previously provided Computershare Investor Services Pty Limited with a copy of the Power, please include a certified copy of the original with this form.

