

Dividend Payment Direction Form

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IMB Share Account

Name: Number:

Note: You must complete either Sections A & C or Sections B & C.

Section A: Request for Transfer of Dividends into an IMB Account

Account number: Account name:

Section B: Request for Electronic Funds Transfer of Dividends into another Financial Institution Account

Account number: Account name:
BSB number:

Section C: Sign Here – This section must be signed for your instructions to be executed

IMB is committed to the protection of your personal information. We collect personal information to provide, manage and administer the products and services that we provide now and in the future. For information on how IMB holds, uses and discloses personal information and for details of how you can gain access to or seek the correction of the personal information we hold, or how you may complain about a privacy related matter, please refer to IMB's Privacy Notice and Privacy Policy which are updated from time to time and are available on our website at www.imb.com.au/privacy, from one of our branches, or by calling 133 462.

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 which I/We am/are entitled to be paid in cash.

Individual or
Shareholder 1
Signature:

Director

Date: / / Full name:

Shareholder 2
Signature:

Director/Company Secretary

Date: / / Full name:

Shareholder 3
Signature:

Sole Director and Sole Company Secretary

Date: / / Full name:

Note: When signed under Power of Attorney, the Attorney states that they have not received a notice of revocation. IMB Ltd needs to sight a certified copy of the Power of Attorney.

