## Client Relinquishment of Holding

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227. Once complete, please send your form to Scrip & Settlements, Forsyth Barr Limited, Private Bag 1999, Dunedin 9054. Alternatively, a scanned, signed copy of the form will be accepted when sent from an account holder's current registered email address. Email the completed form to scrip.other@forsythbarr.co.nz

ccount Number: Please note our Forsyth Barr account number an be up to ten characters long.	Account N	lumber:							
	O Mr	O Ms	Mrs	Miss	O Dr	Other			
	Full Name	2:							
	O Mr	Ms	Mrs	Miss	O Dr	Other			
	Full Name	2:							
	O Mr	Ms	Mrs	Miss	O Dr	Other			
	Full Name	2:							
	O Mr	O Ms	Mrs	Miss	O Dr	Other			
	Full Name	2:							
	O Mr	O Ms	Mrs	Miss	O Dr	Other			
	Full Name:								
	O Mr	O Ms	Mrs	Miss	O Dr	Other			
	Full Name	2:							

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Security Name				Quantity
<ul> <li>I/we refer to the above securities currently held on my/our behal</li> <li>I/we hereby fully relinquish beneficial ownership of each of the sour Forsyth Barr portfolio.</li> </ul>				
I/we acknowledge and accept that the removal of the securities and that I/we shall cease to have any interests or entitlements we replacements for), with ownership having been relinquished in acceptance.	hatsoever in	the securities (	or derivative	
<ul> <li>I/we understand that my/our relinquishment of beneficial owner us, and that Forsyth Barr has not provided me/us with any tax ad</li> </ul>			e tax implio	cations for me/
Signatures (all account holders must sign):				
Name:				
Signature:	Date:	DAY M	IONTH	YEAR
Name:				
Signature:	Date:	DAY M	IONTH	YEAR
Name:				
Signature:	Date:	DAY M	IONTH	YEAR
Name:				
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Name:				
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		DAY M	IONTH	YEAR
Name:				
Signature:	Date:	DAY M	IONTH	YEAR