

Westpac Banking Corporation ABN 33 007 457 141

www.westpac.com.au

All Registry communications to: C/- MUFG Corporate Markets (AU) Limited A division of MUFG Pension & Market Services Locked Bag A6015, Sydney South NSW 1235
Telephone (toll free within Australia): +61 1800 804 255
Facsimile: +61 2 9287 0303

| Full Name(s) of Registered Holding | ASX Code: WBC |
|---|---|
| | Email: westpac@cm.mpms.mufg.com Website: au.investorcentre.mpms.mufg.com |
| | |
| Account Designation | |
| Registered Address | |
| Registered Address | Securityholder Reference Number (SRN) Or Holder Identification Number (HIN) |
| Postcode | |
| A TO MERGE MULTIPLE HOLDINGS | |
| Please use a BLACK pen. Print CAPITAL letters inside the combed boxes below. | 2 3 |
| If you wish to merge two or more of your Issuer Sponsored holdings that share the same registered name and address, please print the Securityholder Reference Number (SRN) of the holdings that you wish to merge in the "FROM" box. In the "TO" box please list the SRN of the holding that you wish to retain. Once the form is completed simply return it in the enclosed reply paid envelope. | |
| Please note that only holdings with the same names can be me | rged. For example, a holding for Roger Ward and a holding for Roger |
| and Mary Ward cannot be consolidated as this would alter the names of one of the holdings. We can not merge CHESS holdings (the Holder Identification Number (HIN) begins with an "X") with Issuer Sponsored holdings | |
| (SRNs that begin with an "I"). | go |
| FROM: I | то: |
| FROM: I | Where multiple holdings have differing instructions in relation to direct credit instructions, DRP participation, Tax File Number and |
| FROM: I | communications options, the instructions on the SRN which appears in the above "TO" box will be the current instructions for your merged holdings. By completing this form, you authorise and |
| FROM: I | consent to merging the nominated holdings and are satisfied with the standing instruction of the "TO" holding. |
| Please complete here in case we need to contact you: | |
| Daytime Contact Number | Contact Name |
| | |
| B SIGNATURE(S) OF SECURITYHOL | DER(S) – THIS MUST BE COMPLETED |
| Securityholder 1 (Individual) Joint Securityho | lder 2 (Individual) Joint Securityholder 3 (Individual) |
| Cala Director and Cala Company | Secretary (delete one) |
| Sole Director and Sole Company Director/Company Secretary (delete one) Secretary/Director (delete one) | |
| Signing Instructions: This form should be signed by the securityholder. If a joint should sign. If signed by the securityholder's attorney, the power of attorney must | |
| by the registry or a certified copy attached to this form. If executed by a company, the accordance with the company's constitution and the <i>Corporations Act 2001</i> (Cth) (or the <i>Companies Act 1993</i>). | ne form must be executed in |