

**Instructions:** This form is to be completed where the securityholder wishes to have their payments donated to charity. Please use a **BLACK** pen. Print **CAPITAL** letters inside the shaded areas  
Where a choice is required, mark the box with an 'X'  
A copy of the rules of the Plan can be found at [www.hepburnenergy.coop/membership/](http://www.hepburnenergy.coop/membership/)

**Please post the completed form to:** Hepburn Energy  
PO Box 225, Daylesford  
VIC 3460, Australia

### MEMBERSHIP DETAILS:

Full Name of Registered Holding:

Securityholder Reference Number (SRN)

Primary Contact Name: (if differs from above)

SRNs should begin with the letter I, then zero (0) and then the number eg I09900112345

Account Designation (if applicable)

Registered Address:

Town/Suburb:

State:

Country:

Postcode:

I/We being the above-named holder of registered securities wish to participate in the plan as indicated below.  
This request will override any reinvestment plan participation (if any) and take priority over any direct credit instructions

### DONATION ELECTION OR VARIATION DETAILS:

**FULL PARTICIPATION** Please mark this box with an "X" if you wish to donate all of your ordinary dividend payments

**PARTIAL PARTICIPATION** Show the number of shares you would like to donate the dividends from:

I/We authorise you to act in accordance with my/our instructions and understand that my/our future dividend payments will be directed to the Hepburn Energy Impact Fund. This authority will remain in effect until such time as it is cancelled by me/us in writing, or the arrangement between Hepburn Community Wind Park Co-operative Limited and Hepburn Energy Impact Fund ceases. Should the arrangement cease, I/we understand that I/we will be contact so I/we have n opportunity to provide new instructions in relation to the payment of dividends.

**CANCEL PARTICIPATION** Please mark this box with an "X" if you wish to cancel your participation in the Dividend Donation Plan.

### SIGNATURE(S) OF SECURITYHOLDER(S) - THIS MUST BE COMPLETED

Signature:

Signature:

Signature:

**Signing Instructions:** This form should be signed by the security holder. If a joint holgin, all security holders should sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be excited in accordance with the company's constitution and the *Corporation Act 2001 (Cth)* (or for New Zealand companies, the *Companies Act 1993*)

Date: