

Form Instructions:

This form is to be used to transfer shares from a deceased Hepburn Energy Member to beneficiaries where the deceased estate holds 10,000 Hepburn Energy shares or less and Probate has not been granted or Letters of Administration have not been issued.

Applicants for the transfer of shares (beneficiaries) may be new or existing members of the cooperative. Each beneficiary will also need to complete a **Deceased Estate Share Transfer Application form** unless applying for a joint account. Please view the **Hepburn Energy Share Deceased Estate Information Booklet** on the memberships page of our website - www.hepburnenergy.coop/membership along with other important member documents.

For any questions please contact **info@hepburnenergy.coop**

The instructions below are cross-referenced to each number in the Form.

Please complete the form using a computer or in black pen using capital letters.

1. Full name of the registered holding and Hepburn Energy membership as stated on the Hepburn Energy statement of holding.
2. The SRN can be found on the Hepburn Energy statement of holding. Listed as a holder number, SRNs should begin with the letter I (capital i) followed by the number e.g. I09900112345. Please contact community@hepburnenergy.coop if the SRN is not known.
3. This is the total number of Shares registered in the name under the SRN in figures.
4. A contact name and email. These contact details will become the primary contact for the estate going forward in relation to this form. They should be associated with the address details listed in Part C. Please note, Hepburn Energy is primarily a paperless office and most future correspondence will be delivered to this email address.
5. Number of proposed transferee beneficiaries that the deceased member's shareholding is to be distributed to
6. Complete details of each proposed transferee beneficiary: full name, address and total shares to be transferred
7. The full name(s) of all Executor(s) or Administrator(s).
8. Address details to be added. Please note that only one address can be recorded. This should be the address for the delivery or all future hardcopy correspondence if necessary.
9. Where there is no executor or administrator, full details of the proposed Next of Kin, as well as, details of the Deceased's spouses and children

Signing instructions:

All Executor(s)/Administrator(s)/Next of Kin/Transferee Beneficiary(s) must sign in the presence of a witness who is known to them.

Subject to compliance with applicable law, this document may be executed electronically and an executed facsimile or electronic copy of the same will serve as a legal and binding arrangement with the same force and effect as the original.

Submitting your Form:

If you require further information on how to complete this Small Estate Statement please contact info@hepburnenergy.coop



Email completed form to: info@hepburnenergy.coop

OR Post completed form to: Hepburn Energy, PO Box 225, Daylesford VIC 3460

PART A: Deceased Estate Details:

1. Shareholding Name of Deceased Estate: _____
2. Security Reference Number (SRN) of Deceased Estate: _____
3. Quantity of Shares for Transfer: _____
4. Contact Name & _____
Contact E-mail: _____

PART B: Proposed Transferee Beneficiary Details:

5. Number of transferee beneficiaries: _____
6. Please complete the full name, address and total shares to be transferred to each transferee beneficiary below:
Transferee Beneficiary Name: _____
Residential Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____ Country: _____
Number of shares to be transferred: _____
Transferee Beneficiary Name: _____
Residential Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____ Country: _____
Number of shares to be transferred: _____
Transferee Beneficiary Name: _____
Residential Street Address: _____
Town/Suburb: _____ State: _____ Postcode: _____ Country: _____
Number of shares to be transferred: _____

If there are further transferee beneficiary please add the details to the end of this form

PART C: Executer/Administrator/Next of Kin details:

☐

I/We do solemnly and sincerely declare I am/we are the legal representative(s) for the above deceased estate

7. Full Name (s) of Executor(s), Administrator(s) or Next of Kin:

- 8: Address of the Executor(s), Administrator(s). or Next of Kin Only one address can be recorded.

Residential Street Address: _____

Town/Suburb: _____ State: _____ Postcode: _____ Country: _____

9. If there is no Executor(s) of Administrators(s):

Please state why the person considers themselves to be the Next of Kin:

Please provide full details of the spouse (or former spouse(s)) of the Deceased (including address, date of birth and whether they are living)

Please provide full details of all children (including step children) of the Deceased (including address, date of birth and whether they are living)

PART D: Declarations:

- ☐ I/We request Hepburn Energy permit the transmission of the securities detailed above to the above proposed transferee beneficiary(s) without requiring a Grant of Probate or Letters of Administration or reseat of Grant of Probate to be obtained in the state of Victoria:
- ☐ In consideration of Hepburn Energy agreeing to register the shares of the Deceased's estate in the names(s) of the proposed Transferee Beneficiaries I/we hereby jointly and severally covenant:
1. that the information provided in this document is true and correct;
 2. that there are no other potential beneficiaries of the Deceased's estate other than those specified in this document; and
 3. to indemnify and forever keep indemnified Hepburn Energy and the Hepburn Energy directors from and against all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of:
 - a. compliance with this request; and
 - b. all beneficiaries of the Deceased's estate not being a transferee of the shares.

**Executor/Administrator/Next of Kin/Transferee
Beneficiary (delete one) Signature:**

Witness Signature:

**Executor/Administrator/Next of Kin/Transferee
Beneficiary (delete one) Signature:**

Witness Signature:

**Executor/Administrator/Next of Kin/Transferee
Beneficiary (delete one) Signature:**

Witness Signature:

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s).

Date: _____

Further Notes:

Please add further note here if the space provided in the form was insufficient