



ACN 169 015 838

All Registry communications to:
MUFG Corporate Markets (AU) Limited
A division of MUFG Pension & Market Services
Locked Bag A14
Sydney South NSW 1235 Australia
ASX Code: IPH
Email: forms@cm.mpms.mufg.com
Website: au.investorcentre.mpms.mufg.com

Full Name(s) of Registered Holding

Two empty rectangular boxes for the full name(s) of the registered holding.

Account Designation

One empty rectangular box for the account designation.

Registered Address

Three empty rectangular boxes for the registered address, with the last one labeled 'Postcode'.

Securityholder Reference Number (SRN) Or Holder Identification Number (HIN)

A grid of 12 empty boxes for the SRN or HIN.

A

REINVESTMENT PLAN APPLICATION OR VARIATION

Please use a BLACK pen. Print CAPITAL letters inside the shaded areas.

Shaded boxes containing letters A, B, and C.

Shaded boxes containing numbers 1, 2, and 3.

Where a choice is required, mark the box with an 'X'

Shaded box containing the letter X.

This form is to be completed where the securityholder wishes to have their payments reinvested under the rules of the Reinvestment Plan.

I/We being the above named holder of registered securities wish to participate in the Plan as indicated below.

I/We authorise the application of the payment to me/us with respect to the number of securities participating in the Plan at the price and subject to the rules of the Plan.

I/We hereby agree to be bound by the rules of the Plan in subscribing for additional securities.

I/We acknowledge that I/we may vary or cancel my/our participation in the Plan, in accordance with the rules of the Plan. This will cancel any earlier Plan instructions and take priority over any direct credit instructions.

Degree of Participation (cross appropriate box):

Shaded box for Full Participation.

FULL PARTICIPATION

— Including any further acquisitions.

or

Shaded box for Partial Participation.

PARTIAL PARTICIPATION

— Please specify the number of securities to participate in the Plan

Grid of 10 empty boxes for specifying the number of securities.

or

Shaded box for Cancel Participation.

CANCEL PARTICIPATION

— If you wish to cancel your Plan participation.

B

SIGNATURE(S) OF SECURITYHOLDER(S) – THIS MUST BE COMPLETED

Securityholder 1 (Individual)

Empty rectangular box for Securityholder 1 signature.

Sole Director and Sole Company Secretary/Director (delete one)

Joint Securityholder 2 (Individual)

Empty rectangular box for Joint Securityholder 2 signature.

Director/Company Secretary (delete one)

Joint Securityholder 3 (Individual)

Empty rectangular box for Joint Securityholder 3 signature.

Date \_\_\_/\_\_\_/\_\_\_

Signing Instructions: This form should be signed by the securityholder. If a joint holding, all securityholders 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.

Personal Information Collection Notification Statement: MUFG Pension & Market Services ("MPMS") advises that your personal information is collected by MPMS organisations for the administration of your investment as required or permitted by the Corporations Act 2001 (Cth) and other legislation.

IPH DRP005

