

Name:

Address:

Holder Identification Number (HIN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Distribution Reinvestment Plan - Election/Variation Form

Use a **black** pen.  
Print in **CAPITAL** letters  
inside the grey areas.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Where a choice is required,  
mark the box with an 'X'

<input type="checkbox"/>
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### A Distribution Reinvestment Plan (DRP)

<input checked="" type="checkbox"/>
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**ALL**

Please mark this box with an 'X' if you wish all of your securities to participate in the public entity's DRP.

OR

**IMPORTANT:** If you choose partial DRP, you must choose only one of the options below ie. show the *number of securities* **OR** the *percentage* of your securityholding that you wish to participate.

<input checked="" type="checkbox"/>
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**PART**

Show the number of securities you wish to participate in the DRP.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR

Specify the percentage of securities you wish to participate in the DRP

<input type="text"/>	<input type="text"/>	%
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OR

<input checked="" type="checkbox"/>
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**TERMINATION**

I / We no longer wish to participate in the DRP.

Mark the box with an 'X' only if you already participate in the DRP and wish to cancel your participation.

### B Sign Here - This section must be signed for your instructions to be executed.

I / We authorise you to act in accordance with my / our instructions set out above. I / We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my / our securities. Where I / we have indicated participation in the Distribution Reinvestment Plan, I / we hereby agree to be bound by Transfield Services Infrastructure Fund, Distribution Reinvestment Plan Rules as amended from time to time.

Individual or Securityholder 1

<input type="text"/>
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Director

Securityholder 2

<input type="text"/>
----------------------

Director/Company Secretary

Securityholder 3

<input type="text"/>
----------------------

Sole Director and Sole Company Secretary

Date - Day Month Year

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. Computershare Investor Services Pty Limited needs to sight a certified copy of the Power of Attorney.



## How to complete this form

### **A** Distribution Reinvestment Plan (DRP)

Complete this section if you wish to have your cash distributions reinvested in the form of more securities.

If you wish to reinvest part of your securities in the public entity's DRP, please show the amount in figures OR the percentage of your securityholding that you wish to participate.

Please note that an election to participate fully in the DRP will override any instruction on the registry record regarding direct payment of cash distributions into a nominated account.

This instruction only applies to the specific holding identified by the SRN/HIN and the name appearing on the front of this form.

### **B** Signature(s)

If you have chosen to have your cash distributions fully or partially reinvested into securities and you have completed Section A, you must sign this form as follows in the spaces provided:-

Joint Holding: where the holding is in more than one name, all of the securityholders must sign.

Power of Attorney: to sign under Power of Attorney, you must have already lodged this document with the registry. If you have not previously lodged this document for notation, please attach a certified photocopy of the Power of Attorney to this form when you return it.

Companies: where the Company has a Sole Director who is also the Sole Company Secretary, this form must be signed by that person. If the Company (pursuant to section 204A of the Corporations Act 2001) does not have a Company Secretary, a Sole Director can also sign alone. Otherwise this form must be signed by a Director jointly with either another Director or a Company Secretary. Please indicate the office held by signing in the appropriate place.

101017 - V1

**Please return the completed form in the envelope provided or to the address opposite:**

Computershare Investor Services Pty Limited  
GPO Box 2975  
Melbourne Victoria 3001  
Australia