

Regular Savings Plan - Direct Debit Form *continued*

4 Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and DDH Graham Limited as set out in this Request and in your Direct Debit Request - Service Agreement (see the current Product Disclosure Statement and any Supplementary Product Disclosure Statements).

	Investor 1 or company officer	Investor 2 or company officer
Company title	Company signatories must indicate their company title <input type="checkbox"/> Director <input type="checkbox"/> Sole director and sole secretary	Company signatories must indicate their company title <input type="checkbox"/> Director <input type="checkbox"/> Sole director and sole secretary
Signature	<input type="text" value="SIGN HERE"/>	<input type="text" value="SIGN HERE"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>

Return your completed Direct Debit Form to:

DDH Graham Limited
Reply Paid 330
Brisbane QLD 4001