Tabcorp

Tabcorp Holdings Limited
ABN 66 063 780 709
All Registry communications to:
C/- Link Market Services Limited
Locked Bag A14, Sydney South NSW 1235
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Telephone (outside Australia): 61 2 8280 7418
Facsimile: (02) 9287 0303
ASX Code: TAH
Email: tabcorp@linkmarketservices.com.au
Website: www.linkmarketservices.com.au

Company or Trust in which investment is held – THIS MUST BE COMPLETED

TABCORP HOLDINGS LIMITED

Full Name(s) of Registered Holding

Account Designation

Registered Address

Postcode

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

A DIVIDEND REINVESTMENT PLAN APPLICATION OR VARIATION

FOLD

Please use a BLACK pen. Print CAPITAL letters inside the shaded area. A B C 1 2 3

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

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

I/We being the above named registered holder of ordinary shares wish to participate in the DRP as indicated below.

I/We authorise the application of the payment to me/us with respect to the number of ordinary shares participating in the DRP to acquire further ordinary shares in the Company at the price determined under, and subject to the rules of the DRP.

I/We hereby agree to be bound by the rules of the DRP in subscribing for additional ordinary shares.

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

Degree of Participation (cross appropriate Box):-

☐ **FULL PARTICIPATION** - Including any further acquisitions.

or

☐ **PARTIAL PARTICIPATION** - Please specify the number of ordinary shares to participate in the DRP. You must also complete the Request for Direct Credit of Payments form if you elect this option.

FOLD

or

☐ **CANCEL** - If you wish to cancel your DRP participation, you must also complete the Request for Direct Credit of Payments form to receive your payment.

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

Securityholder 1 (Individual)

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

Joint Securityholder 2 (Individual)

Director/Company Secretary (Delete one)

Joint Securityholder 3 (Individual)

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. If executed by a company, the form must be executed in accordance with the securityholder's constitution and the Corporations Act 2001 (Cwlth) (or for New Zealand companies, the Companies Act 1993).

Privacy Clause: Link Market Services Limited advises that Chapter 2C of the Corporations Act 2001 requires information about you as a securityholder (including your name, address and details of the securities you hold) to be included in the public register of the entity in which you hold securities. Information is collected to administer your securityholding and if some or all of the information is not collected then it might not be possible to administer your securityholding. Your personal information may be disclosed to the entity in which you hold securities. You can obtain access to your personal information by contacting Link Market Services at the address or telephone number on this form. Link Market Services' privacy policy is available on its website (www.linkmarketservices.com.au).

TAH DRP142