

DIVIDEND REINVESTMENT PLAN – PARTICIPATION NOTICE



Registered holder(s)

DO NOT COMPLETE THIS FORM IF YOU WISH TO RECEIVE IN CASH ANY DIVIDENDS DECLARED

A Dividend Reinvestment Plan operates for your EBOS Group Ltd (EBOS) Shares. Full details of the Plan are set out in the Offer Document dated 9 September, 2013. Terms defined in the Offer Document will have the same meaning when used in this form.

If you wish to vary your participation at any time, then you will also need to complete and return this form.

Steps Required:

- 1) Complete the appropriate box if you wish to participate in the Plan for all, or for some, of your EBOS Shares, or vary your existing participation.
- 2) Tick the first box if Full Participation is required. If Partial Participation is required, state the number of EBOS Shares in respect of which you wish to participate in the second box.
- 3) When completed, sign the form and post or fax to:

Computershare Investor Services Limited
Private Bag 92119
Auckland 1142
New Zealand

or

Fax: +64 9 488 8787

Joint holders must each sign. Companies must execute by an authorised officer or attorney. If signed by an attorney, a non-revocation declaration must accompany this Notice, and the relevant power of attorney must either have been exhibited previously to EBOS or must accompany this notice.

EBOS may suspend, vary or terminate the Plan or declare any Participation Notice to be of no effect, subject to the terms and conditions of the Plan (see Offer Document).

FULL PARTICIPATION

(tick for full participation including any future EBOS Shares you acquire)

PARTIAL PARTICIPATION

(state number or percentage of EBOS Shares to participate. If expressed as a percentage, the number of Participating Shares will be calculated to the nearest whole number)

I/We acknowledge receipt of a copy of the Offer Document.

I/We agree to be bound by the Terms and Conditions of the Dividend Reinvestment Plan set out in the Offer Document dated 9 September, 2013.

I/We hereby direct that the net proceeds of all cash dividends I am/we are entitled to be paid or credited in respect of my/our Participating Shares be applied towards the purchase of additional EBOS Shares in accordance with the Plan.

I/We acknowledge that this direction will continue to apply until varied or terminated by written notice in accordance with the terms and conditions of the Plan.

Signatures of Shareholder(s):

_____ Date: _____

_____ Date: _____

_____ Date: _____

Participation will commence on the first Record Date after receipt by the EBOS share registrar of this Participation Notice, correctly completed.

If completing the Participation Notice, please either:

- send it by facsimile to +64 9 488 8787; or
- fold where indicated and post it (there is no charge for postage within New Zealand)

FOLD

FOLD

FreePost Authority Number 2888



Computershare Investor Services Limited
Private Bag 92119
Auckland 1142

FOLD

FOLD

Mailing Instructions

1. If you are mailing your Participation Notice from within New Zealand, please follow these directions:

- Fold where indicated, with mailing address facing out.
- Seal with tape
- Post at any New Zealand Post post box (no stamp required within New Zealand)

2. If you are mailing your Participation Notice outside New Zealand, please follow these directions:

- Fold where indicated
- Place the form in an envelope and affix the necessary postage from the country of mailing.
- Mail or courier to:

Share Registrar
EBOS Group Ltd
C/- Computershare Investor Services Ltd
159 Hurstmere Road, Takapuna
Private Bag 92119, Auckland 1142, New Zealand