# Wesfarmers Limited

ABN 28 008 984 049

Computershare

**All correspondence to:**
Computershare Investor Services Pty Limited
GPO Box 2975 Melbourne
Victoria 3001 Australia
Enquiries (within Australia) 1300 558 062
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Facsimile 61 8 9323 2033
web.queries@computershare.com.au
www.computershare.com

**PLEASE PRINT YOUR NAME AND ADDRESS IN CAPITALS**

**PLEASE PRINT YOUR SECUIRTYHOLDER NUMBER (SRN OR HIN)**

## Dividend Investment Plan (DIP) - Application/Notice of Variation/Termination

**Use a black pen. Print in CAPITAL letters inside the grey areas.** A B C 1 2 3 **Where a choice is required, mark the box with an 'X'** X

**A** I/We elect to participate in the DIP as follows:

| | | | | |
|---|---|---|---|---|
| X | **FULL PARTICIPATION ORDINARY SHARES** | X | **FULL PARTICIPATION WPPS** | Mark these boxes if you wish all fully paid ordinary shares and/or all Wesfarmers Partially Protected Shares ("WPPS") held by you to participate in the DIP. |

**B** *OR* **IMPORTANT:** If you choose partial participation, you must only show either the number **OR** the percentage of your shareholding that you wish to participate.

| | | | |
|---|---|---|---|
| X | **PARTIAL PARTICIPATION ORDINARY SHARES** | Mark this box and show the number of your fully paid ordinary shares that you wish to participate in the DIP. | |
| | | ***OR*** | |
| | | Specify the percentage of your fully paid ordinary shares that you wish to participate in the DIP. | % |
| X | **PARTIAL PARTICIPATION WPPS** | Mark this box and show the number of your WPPS that you wish to participate in the DIP. | |
| | | ***OR*** | |
| | | Specify the percentage of your WPPS that you wish to participate in the DIP. | % |

**C**

| | | | | |
|---|---|---|---|---|
| X | **TERMINATION ORDINARY SHARES** | X | **TERMINATION WPPS** | If you already participate in the DIP, mark these boxes if you wish to terminate your participation in the DIP for fully paid ordinary shares and/or for WPPS. |

**D** **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 shares. I/we hereby agree to be bound by the Terms and Conditions of the DIP.

| **Individual or Securityholder 1** | **Securityholder 2** | **Securityholder 3** |
|---|---|---|
| **Director** | **Director/Company Secretary** | **Sole Director and Sole Company Secretary** |

*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.*

**Date - Day** / **Month** / **Year**

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## How to complete this form

**A**

Complete Section A if you wish to have your cash dividends on your Wesfarmers fully paid ordinary shares or Wesfarmers Partially Protected Shares ("WPPS") invested in the form of more Wesfarmers fully paid ordinary shares.

Please note that an election for full participation in the DIP will override any instruction on the registry record regarding direct payment of cash dividends into a nominated account.

**B**

If you only wish to participate in the DIP in respect of part of your shareholding in either Wesfarmers fully paid ordinary shares or WPPS, please show the number of shares in figures OR the percentage of your shareholding that you wish to participate for each class of shares.

**C**

If you already participate in the DIP and you wish to terminate your participation in the DIP for fully paid ordinary shares and/or for WPPS then the relevant shareholding will be paid in the dividend by cash via direct credit or cheque payment as per your instructions.

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

By applying to participate in the DIP or in any way terminate your participation in the DIP, you acknowledge that neither Wesfarmers Limited nor Computershare Investor Services Pty Limited have provided any investment or financial product advice in relation to your participation in or termination of participation in the DIP.

**D**

If you have completed Section A, B or C, you must sign this form in Section D as follows in the spaces provided:-

| | |
|---|---|
| Joint Holding: | where the holding is in more than one name, all of the shareholders must sign. |
| Power of Attorney: | to sign under Power of Attorney, you must have already lodged the Power of Attorney with the registry. If you have not previously lodged the Power of Attorney for notation, please attach a certified photocopy to this form when it is returned. |
| 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. |

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

Computershare Investor Services Pty Limited
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Melbourne Victoria 3001
Australia