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## HeartWare Cashless Exercise Request Form

### A Personal Information

Participant ID		Phone Number	
First Name		Last Name	
Email			

### B Grant Information

Plan Name	2008SIP	Grant Price	US\$
Grant Date DD/MM/YY		Exercise Quantity	

This form enables you to exercise all or a portion of your options. A portion of the options exercised will be used to cover your option costs, fee cost and any withholding tax obligations.

### C Exercise Type – please elect the manner in which you want to exercise you option shares

Cashless Sell to Cover	<input type="checkbox"/>	<p>I understand that a portion of my exercised shares will be sold to cover option cost, taxes and trading fees. The remaining shares (less those sold to cover option costs, taxes and trading fees) will be delivered to my nominee account with Computershare</p> <p>Order Type</p> <p><input type="checkbox"/> Market order</p> <p><input type="checkbox"/> One Day Order / Limit Price _____</p> <p><input type="checkbox"/> 30 Day Order / Limit Price _____</p>
Cashless Sell All	<input type="checkbox"/>	<p>I understand that all of my exercised shares will be sold and my proceeds less option cost, taxes and trading fees will be remitted to my individual bank account. See Section D below</p> <p><input type="checkbox"/> Market order</p> <p><input type="checkbox"/> One Day Order / Limit Price _____</p> <p><input type="checkbox"/> 30 Day Order / Limit Price _____</p>

### D Proceeds Remittance

Net proceeds from a "Cashless Sell ALL" exercise type will be sent by direct deposit to your bank account that receives your bi-weekly compensation. You will be able to obtain your ADP pay stub related to this transaction from the ADP website.

### E Sign Here – This section must be signed for your instructions to be executed

Signature	Print Name	Day	Month	Year
		/	/	