SCHEDULE 7 FORM OF CLAIM

To: The Commonwealth of Australia c/- Scheme Administrator
Australian Government Guarantee of State and Territory Borrowing c/- The Secretary
Reserve Bank of Australia
GPO Box 5367
SYDNEY NSW 2001

A. Detail of Guaranteed Liability

- A.1.1. We, [INSERT FULL LEGAL NAME OF BENEFICIARY and ABN/ACN if applicable], are owed the following Guaranteed Liability:
 - a. [INSERT DETAILS: including details of the Guaranteed Liability, the Eligibility Certificate relating to it and the name of the State/Territory guaranteeing the liability.]

B. Claim

- B.1.1. We refer to the Deed of Guarantee, applicable to the above-mentioned Guaranteed Liability, executed on behalf of the Commonwealth of Australia and taking effect from 24 July 2009. Words and expressions defined in the Deed of Guarantee have the same meanings where used in this notice.
- B.1.2. We claim payment, in accordance with the Guarantee, of the sum of [......] being due and payable by Those Guaranteed, but unpaid, to us under or in respect of the Guaranteed Liability (the "Claimed Sum").
- B.1.3. [The due date, after the expiry of the applicable grace period (if any), for the payment of interest to us under or in respect of the Guaranteed Liability was [......] and such payment has not been made to us.]

OR

[The due date for the redemption of the Guaranteed Liability was [............] and, after the expiry of any applicable grace period for payment, the amount due and payable to us in respect of the Guaranteed Liability on such date has not been paid to us.]

OR

[The Guaranteed Liability became payable as the result of the operation of a cross default clause in the [specify type of security] and such payment has not been made to us.]

- B.1.4. We certify that we have validly claimed payment of the Claimed Sum from:
 - a. [INSERT NAME] and that [INSERT NAME] has failed to pay the Claimed Sum to us in accordance with our valid claim and we attach documentary evidence in support of this certification;
 - b. [Note: Not relevant for the ACT][INSERT NAME OF RELEVANT STATE/TERRITORY] which has guaranteed the Guaranteed Liability under legislation and that the [INSERT NAME OF RELEVANT STATE/TERRITORY] has failed to pay the Claimed Sum to us in accordance with our valid claim and we attach documentary evidence in support of this certification.

C. Consent

C.1.1. We consent to the Commonwealth sharing the information provided in and concerning this claim with the relevant State or Territory and other Commonwealth, State and Territory agencies for the purposes of assessing the claim or for general administration of the Guarantee.

D. Release

D.1.1. Upon payment of the Guaranteed Liability to us by the Commonwealth in accordance with the Guarantee, we hereby release the Commonwealth from further liability to us arising from or in connection with the Guaranteed Liability and this claim.

E. Contact information

E.1.1. [Insert address, email and facsimile details.]

Signed by:			
Position:			