

Lodge your proxy

Online

www.investorvote.co.nz

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By Mail

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Proxy/Voting Form



www.investorvote.co.nz

Lodge your proxy online, 24 hours a day, 7 days a week:

Smartphone?

Scan the QR code to vote now.

Your secure access information

Control Number:

CSN/Securityholder Number:

PLEASE NOTE: You will need your CSN/Securityholder Number and postcode or country of residence (if outside New Zealand) to securely access InvestorVote and then follow the prompts to appoint your proxy and exercise your vote online.



For your proxy to be effective it must be received by 10:00am Monday 10 September 2018

How to Vote on Items of Business

All your securities will be voted in accordance with your directions.

Appointment of Proxy

If you do not plan to attend the meeting, you may appoint a proxy. The Chairman of the meeting, or any other director, is willing to act as proxy for any shareholder who wishes to appoint him or her for that purpose. To do this, enter 'the Chairman' or the name of your proxy in the space allocated in 'Step 1'of this form. Alternatively you can appoint a proxy online at www.investorvote.co.

The Chairman and other directors intend to vote any discretionary proxies in favour of the resolutions. If, in appointing a proxy, you have inadvertently not named someone to be your proxy (either online or on the enclosed proxy form), or your named proxy does not attend the meeting, the Chairman of the meeting will be your proxy and will vote in accordance with your express direction.

Voting of your holding

Direct your proxy how to vote by marking one of the boxes opposite each item of business. If you do not mark a box your proxy may vote as they choose. If you mark more than one box on an item your vote will be invalid on that item.

Attending the Meeting

Bring this form to assist registration. If a representative of a corporate securityholder or proxy is to attend the meeting you may need to provide evidence of your authorisation to act prior to admission.

Signing Instructions for Postal Forms

Individual

Where the holding is in one name, the securityholder must sign.

Joint Holding

At least one joint security holder should sign this form (on behalf of all joint security holders). If different joint security holders purport to appoint different proxies, the vote of the proxy appointed by the first named joint security holder will prevail.

Power of Attorney

If this Proxy Form has been signed under a power of attorney, a copy of the power of attorney (unless already deposited with the Company) and a signed certificate of non-revocation of the power of attorney must be produced to the Company with this Proxy Form.

Companies

This form should be signed by a Director, authorised signatory or attorney. Please sign in the appropriate place and indicate the office held.

Comments & Questions

If you have any comments or questions for the company, please write them on a separate sheet of paper and return with this form.

Proxy/Voting Form

STEP 1	Appoint a Proxy to Vote of	n Your Behalf					
I/We being a sec	eurityholder/s of New Talisman Go	ld Mines Limited					
hereby appoint			of				
or failing him/her			of				
Talisman Gold N		ur behalf and to vote in accordance with the following dire Town, Level 14, Pullman Hotel, Cnr Princes Street & V ny adjournment of that meeting.					
STEP 2	Items of Business - Votin	g Instructions/Ballot Paper (if a Poll is o	called)				
Please note: If you mark the Abstain box for an item, you are directing your proxy not to vote on your behalf on a show of hands or a poll and your votes will not be counted in computing the required majority. If you return this form without directing the proxy how to vote on any particular matter, the proxy will vote as he or she thinks fit.							
Ordinary Business				For	Against	Abstain	Proxy Discretion
(1)	To re-elect Tony Haworth as a Direct	or.					
(2)	To authorise the Directors to fix the r	emuneration of the Company's auditors, KS Black & Co.					
SIGN	Cianatura of Constituted	lor(o) This continues to					
SIGN	Signature of Security11010	ler(s) This section must be completed.					
Securityholder 1		Securityholder 2 (if applicable)	Securityholder 3 (if applicable)				
				0 (11			
Individual/Autho	orised officer or attorney	Individual/Authorised officer or attorney	Individual/	Authorise	d officer or	attorney	
Contact Name _		Contact Daytime Telephone			Date .		

ATTENDANCE SLIP

