EQUINITI

Avast plc US Dollar Dividend Service USA

	Please ret	turn cor	npleted	form	to:	Internationa	l Payments, Equiniti Limited,	
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Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA, United Kingdom

If you have any queries please contact the shareholder helpline on **0371 384 2030** (+**44 121 415 7047** if calling from outside the UK). Lines open 8:30am to 5:30pm (UK time), Monday to Friday (excluding public holidays in England and Wales).

Please read Guidance Notes overleaf before completing this form

Sec	tion 1: YOUR DETAILS	S: Please pr	ovide d	etails	of yo	ursha	reho	ldin	g								
Full address of 1 st named holder	Shareholder Reference (11 digits)																
Country	Post Code/ZIP Code				1												
Branch address of bank	•			Name of Bank													
						Bank a	ccou	nt in	the	name	e of						
Country	Post Code/ZIP Code				1												
	Section 2: PAYM	ENT DETAI	LS: Com	nplete	e eith	er A or	в										
(A) US DOLLAR PAYMENTS INTO US BANK A								credi	ts)								
Transit Routing Number	Account Type		Account							ido d	asho	c)					
(Automated Clearing House)	(0=checking/1=saving	gs) ' Г	Account					anu	nciu			5)		—	-	-	
YOU CAN OBTAIN THESE DETAILS FROM YO		BANK															
(B) US DOLLAR PAYMENTS NOT BY ACH (via																	
IMPORTANT: Your bank or their agents may details before completing this form.	/ levy charges on WIRE T	RANSFERS a	ccording	; to th	eir po	icy. Ple	ase o	heck	wit	h you	ur ac	cour	ıt hol	ding	banl	k for	
Bank SWIFT Code (8 or 11 digit BIC Code)	or Routing Co	de (Bank and	d Branch	Ident	ifier e	g. USD	ABA)									
Account Number																	
													Γ	Γ	Τ		
IBAN Number																	
													Τ	Γ			
Additional Information												<u> </u>			<u> </u>		L
YOU CAN OBTAIN THESE DETAILS FROM YO	UR ACCOUNT HOLDING I	BANK															
	3: DECLARATION: All		ers mus	t sign	n and	print t	heir	full	nam	ies							
Declaration: Please forward until further no held, in US Dollars to the nominated bank do with this request will discharge the Compan	etailed above, or to such	other branc	h of the	organi	isatior	as the	bank	may	roı	m tin	ne to	time	e reqi	uest.	Com	plian	nce
by me/us.																	
Signature 1		Signature 2															
Print Full Name		Print Full Name															
Signature 3		Signature 4															
Print Full Name		Print Full Name															

If you are signing as a Power of Attorney or other authority then please print your full name above.

IMPORTANT: Bodies corporate must execute under their common seal or in accordance with section 44 of the Companies Act 2006, and provide a letter on company headed paper confirming the capacity of the authorised signatories with the completed form to avoid the form being rejected.

IMPORTANT

- This form should only be used to elect to receive US Dollar cash dividends on Avast plc shares for the country indicated overleaf.
- This instruction will only be applied to the holding indicated. Should you wish to include other holdings you must complete a separate form.
- Please ensure your beneficiary bank account can accept US Dollars.
- Your bank or their agents may levy charges on WIRE TRANSFERS according to their policy. This may include conversion to another currency if your account cannot accept US Dollar payments. Please check with your account holding bank before completing this form.
- Incomplete or incorrect forms cannot be accepted and will be returned.
- All shareholders must sign the declaration and enter their full name in block capitals. If you are a sole shareholder please only complete one signature panel.
- To apply for a particular dividend, completed forms must be received by the published record date for the next dividend payment.
- Power of Attorney (if applicable)

Complete your full name if you are signing as a power of attorney.

To avoid any delay in setting up these payment instructions, if you have not previously recorded the Power of Attorney document with us, please include either; the original document or, a photocopy, with this form. If you are sending a photocopy, please make sure every page is signed with an original signature, either by the person granting the Power or by a solicitor or stockbroker, to confirm that it is a true and complete copy of the original

• Corporates (if applicable)

Corporates must provide a letter on company headed paper confirming the capacity of each of the authorised signatories and must submit this with the completed form or the form will be rejected.

To read the latest version of our Privacy Notice and understand more about how Equiniti Financial Services Limited safeguards your data, please visit our Privacy Centre at privacy.equiniti.com

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