

Income Distribution Election Form

Investor details

Fund name (the Fund) _____
 Investor number _____
 Investor name / Trust name / Company name / Partnership name _____

Income distribution election

Select ONE of the following distribution options below

I would like to update my existing income distribution election to the following option:

OPTION 1

Reinvested in the Fund (if applicable) _____

OPTION 2

Credited to nominated bank account. Please complete your bank account details below.

Name of financial institution _____
 Account name _____
 BSB _____ Account number _____

OPTION 3

Combination of Option 1 and Option 2. Enter amount (AUD) or percentage (if applicable)

Maximum reinvested in the fund (remainder \$ _____ %
 will be paid into your nominated bank account)

Maximum credited to nominated bank \$ _____ %
 account (remainder will be reinvested in the fund) Total = 100%

Name of financial institution _____
 Account name _____
 BSB _____ Account number _____

Send us your form

We accept this form returned to us by email, fax or post. All pages must be present for the forms to be processed.

Email

Please scan and email to: **investorservices@dexus.com**
 (You can send up to 10mb of attachments.)

Fax

Please fax the completed form to: **+61 3 8656 1010**

Post

Mail this completed form to: **APN Real Estate Securities,
 PO Box 18011, Melbourne Collins Street East, VIC 8003**

Declaration and signature(s)

Joint applicants must both sign

I/We declare that:

- All details provided by me/us in this Form are true and correct.
- If this is a joint investment, each of us agrees, unless otherwise indicated on this Form, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawal by any available method.
- I/We will provide to Dexus Asset Management Limited (ACN 080 674 479, AFSL No. 237500) (DXAM) or its nominee any information that DXAM reasonably requires in order to enable DXAM to comply with all its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and its associated rules and regulations (in force from time to time).
- If investing as trustee on behalf of a superannuation fund or trust I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
- I/We acknowledge that DXAM and its related bodies corporate may disclose and use personal information as contemplated in this form and DXAM's Privacy Policy available at www.apnres.com.au and the Privacy Statement in the PDS.
- I/We acknowledge and agree that electronic instructions will be treated as contemplated in the current PDS under the heading "Electronic Instructions".
- I/We will provide DXAM or its nominee any information that DXAM reasonably requires in order to enable DXAM to meet all of its compliance, reporting and other obligations under the United States of America Foreign Account Tax Compliance Act (FATCA) and all associated rules and regulations from time to time (including, without limitation, the Inter-Governmental Agreement (IGA) entered into between the governments of the US and Australia). I/ We understand that DXAM may disclose such information to the Australian Taxation Office (ATO) who may in turn disclose the information to the US Internal Revenue Service (IRS).
- I/We understand that where I/we have provided DXAM or its nominee with information about my status or designation under or for the purposes of FATCA (including, but without limitation, US residency or citizenship status and FATCA status as a particular entity type) and all associated rules and regulations, DXAM will treat that information as true and correct without any additional validation or confirmation being undertaken by DXAM except where it is under a legal obligation to do so.
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless DXAM have already sighted it).
- SOLE SIGNATORIES signing on behalf of a company confirm that they are signing as either a director or sole director and sole secretary of the company by ticking the relevant box.

Signature of Investor A / Trustee / Company Officer _____

Name of Investor A / Trustee / Company Officer (please print) _____

Date / / _____

Director Sole director and company secretary Trustee Other (please specify) _____

Signature of Investor B / Trustee / Company Officer _____

Name of Investor B / Trustee / Company Officer (please print) _____

Date / / _____

Director Company secretary Trustee Other (please specify) _____