Hardship application form

Dexus Wholesale Australian Property Fund/Dexus Australian Property Fund

Issuer and responsible entity:

Dexus Capital Funds Management Limited (ABN 15 159 557 721, AFSL 426455) referred to in this form as 'the Responsible Entity', 'Dexus', 'we' or 'us'.

Before submitting this form, it is important that you read the Product Disclosure Statement (PDS) and any replacement or supplementary PDS of the fund for which you are making this application to withdrawal based on hardship. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit www.dexus.com/dwapfinvest or call us on 1300 084 023.

Please use black pen and print in CAPITAL LETTERS and \boxtimes where appropriate. Please ensure this form is signed overleaf.

Note: This document can be used for investors seeking to make a hardship-based withdrawal from either the Dexus Wholesale Australian Property Fund OR the Dexus Australian Property Fund. Please tick either (or both) of the boxes below for which fund you are making a withdrawal application.
Dexus Wholesale Australian Property Fund
Dexus Australian Property Fund
Hardship policy
INFORMATION - PLEASE READ

Please read this information carefully prior to completing the hardship statutory declaration and application form.

The Australian Securities & Investments Commission (ASIC) may grant operators of property funds the ability to provide an early withdrawal mechanism for investors where there is hardship, in preference to all other investors.

The Dexus Wholesale Australian Property Fund and the Dexus Australian Property Fund (the Funds) have relief from ASIC to pay withdrawal requests received from investors who, in the reasonable opinion of the Responsible Entity, are suffering or likely to suffer hardship.

Investors that qualify for hardship may be able to access some or all of their investment. To make a withdrawal based on hardship, investors (a person) must meet one of the criteria prescribed by ASIC and there must be sufficient liquid assets available in the Fund. The categories where hardship relief may be permitted include:

- Severe financial hardship
- Unemployment
- Compassionate grounds
- Permanent incapacity

Accompanying documentation will be required to be submitted with a hardship request to support your claim.

Benefit amount

The minimum withdrawal amount is \$1,000 (subject to change at our discretion). If a withdrawal request is received which would result in you holding less than the minimum account balance and your hardship withdrawal meets the ASIC criteria, we may redeem your entire investment.

The maximum withdrawal amount you can apply for through the hardship policy in any calendar year is the lesser of:

- the amount required as a result of the hardship; and
- \$100,000.

You can make up to four hardship applications in any calendar year.

Indirect investors should contact their financial adviser, master trust or platform operator if they wish to make a withdrawal based on hardship.

Additional evidence

You must provide evidentiary documentation to support your application. The type of supporting documentation you may need to provide is dependent upon the hardship condition you are applying under, as outlined in this document.

Statutory declaration

To apply for the withdrawal of your investment through the hardship policy, you are required to sign the Statutory Declaration which is part of this document. The Statutory Declaration requires you to attest to the truth and accuracy of the information that you have provided. This document forms part of the evidence that we will review in deciding whether to approve your application.

Privacy

The information collected from you in this form is for the purpose of your hardship application and will be used as outlined withing the Privacy Notice below (refer to 'Privacy Statement') and in accordance with the Privacy Policy, which can be obtained online at https://www.dexus.com/privacy-policy or by contacting us to request a copy.

Further information

We may request further information from you after reviewing your application. It may not be possible for us to make a decision until all of the information and evidence sought has been provided. This may result in further time being required to complete the decision-making process.

Privacy Statement

Your personal information is collected in this form by the Responsible Entity Dexus Capital Funds Management Limited who is part of the Dexus Group. The information requested in this hardship application is required to assess and process your application. There are some instances where additional information will be required, and this will be clearly communicated at the time where needed. Some sensitive information (e.g. health information) may be collected as part of this process as it is required to assess your application. We only collect and use personal information that is reasonably necessary for this process. Your sensitive information will not be used for any other purpose without your consent or were required by law. If we do not collect all the required personal information, we may be unable to process your application. To enable us to provide this service to you and to comply with relevant laws, we may need to share your personal information with third parties, professional advisors where applicable, and other entities within the Dexus group who supply administrative, financial or other relevant services. Some of these entities may be located overseas in regions including the United States, Europe and Asia Pacific. For more information about how we manage your personal information, your privacy rights or how to lodge a privacy complaint, please contact Client Services on 1800 658 404 or refer to our Privacy Policy at www.dexus.com/privacy-policy.

Hardship application form

Dexus Wholesale Australian Property Fund/Dexus Australian Property Fund

Please use black pen and print in CAPITAL LETTERS and $\ \, \square \,$ where appropriate.

1. Investor details	2. Adviser details
Please enter contact details in case we need to contact you in relation to your application.	Name of adviser
Please note if you have a financial adviser we will contact them in the first instance.	
	Company name
Title	
	Adviser dealer group
Name of investor(s)	
	Adviser code
Phone	•
Email	3. Investment details
Postal address	Please provide your Dexus Wholesale Australian Property Fund / Dexus Australian Property Fund client number.
(all correspondence will be sent here)	Client Number
	Т
Suburb State Postcode	Platform through which you are invested (if applicable)

4. Hardship criteria There are four permitted circumstances for hardship relief, please tick the criteria that applies to you, and see the relevant following section for information on documentation requirements. Please note that if any of these documents are not received by us we will be unable to proceed with your application. We may need to contact you for additional information before a final decision is made. We will not be liable for any delay in regard to these matters. Severe financial hardship To enable the investor to meet reasonable and immediate living expenses for themselves and/or their dependents. Unemployment Where the investor has not been in gainful employment for a period of at least three months

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and has no other means of financial support (except government assistance). Compassionate grounds The amount requested is needed by the investor or their dependent to: pay for medical/transport costs required to treat a life-threatening illness or injury, to alleviate acute or chronic pain/mental disturbance where two registered medical practitioners (one of whom must be a specialist) have provided certified statements confirming the medical condition to this effect; or fund specific renovations or modifications (to a principal place of residence or vehicle) that are necessary to accommodate special needs arising from a severe disability; or assist with funeral and other expenses related to the death of an investor or their dependent; or enable an investor to provide care for a person who is dying from a terminal illness, including home care; or prevent an investor's mortgagee (lender) from selling the investors principal place of residence; meet a binding financial obligation entered into by the investor prior to the Responsible Entity determining the Fund is non-liquid or otherwise determining that withdrawals should be suspended; or meet expenses in other cases consistent with any of these grounds Where the person does not otherwise have the financial capacity to meet the expense.

Permanent incapacity Where the investor has ceased gainful employment by reason of mental or physical ill-health and the Responsible Entity is satisfied that the investor is unlikely ever again to engage in gainful employment of the type for which the investor is reasonably qualified by education, training or experience.

A Severe financial hardship	
Disease provide copies of all of the following:	

ı	Please provide copies of all of the following:			
	Official form or letter from Centrelink confirming you are currently receiving Commonwealth Government income support payments (such a Newstart) and have been receiving them for a continuous period of three months. Receiving Austudy or Youth Allowance (if you are studying full-time) does not meet this requirement.			
	Copies of bills which are due or copies of the last three months' bank statements showing regular bill payments for any expenses listed over \$5,000.			
[Copies of most recent payslips.			
[Copies of most recent statement for all bank accounts.			
Ī	B Unemployment			
F	Please provide copies of one of the following as it applies to you:			
[All requirements as listed above for Severe financial hardship.			
	Statutory declaration indicating you have been unemployed for a minimur of 3 months and have no other means of financial support other than government assistance.			
[Termination letter (or similar) from your most recent employer.			
(C Compassionate grounds			
F	Please provide copies of one of the following as it applies to you:			
	Medical/transport costs: A medical certificate from two registered medical practitioners (one of whom must be a specialist) confirming (i) a life-threatening illness or injury (ii) acute or chronic pain, or (iii) acute or chronic mental disturbance. Please also complete section 11.			
[Renovation and modification costs: Two quotes from qualified tradespeople for the required modifications and a copy of letter/certificate from one doctor confirming: the severe disability; and the need to have specific modifications done to the person's home and/or motor vehicle. Please also complete section 12.			
[Funeral costs: Invoices for the funeral and/or other expenses and a death certificate of the person or their dependent. Please also complete section 13.			
[Carer costs: A certified statement from a registered medical practitioner confirming the patient is terminally ill and the level of care the person will require e.g. full-time, at home, respite. Please also complete section 14.			
	Mortgage costs: A certified copy of the mortgagee's foreclosure notice.			
	Financial obligation costs: Any relevant documentation to assist the Responsible Entity in assessing the hardship application.			

D Permanent incapacity

Please provide copies of:

D

A medical certificate by two registered medical practitioners (at least one of whom must be a specialist) which includes a description of the investor's mental or physical ill-health condition, current treatment, prognosis that it is unlikely that the investor can ever be gainfully employed in a capacity for which the investor is reasonably qualified because of education, experience or training.

Other costs: Any relevant documentation to assist the

Responsible Entity in assessing the hardship application.

Note: If the Responsible Entity does not receive accompanying documents, your request is unable to be processed. The Responsible Entity may need to contact you for additional information before a final decision can be made.

5. General - all to complete

Briefly explain the cause of your hardship, why you believe you satisfy the grounds for release and how the money will be used if released.

Please provide as much documentation (as requested above) in order to support and evidence your hardship application. If you cannot provide the supporting documentation or evidence, please state the reasons why you are unable to provide the documentation at present or within a reasonable timeframe. We may request that you provide the supporting documentation or evidence in reviewing your application or at a later date.

Please attach additional pages if the space below is insufficient for your explanation.

6. Payment details - all to complete

How much money do you wish to withdraw in connection with your hardship claim?

\$

Note: We may only allow four hardship withdrawals in any calendar year. The maximum you may withdraw under the hardship policy in any calendar year is the lesser of the specific amount required as a result of the hardship or \$100,000 in that calendar year.

7. Assets - all to complete

Bank account balances:

\$

Shares/bonds:

\$

Managed funds:

\$

Other investments:

\$

Total

\$

Note: Please provide copies of bills which are due or copies of the last three months' bank statements showing regular bill payments for any expenses listed over \$5,000 to support your claim.

8. Expenses - all to complete

List the main current monthly expenses (or estimates based on last year's expenses) in relation to you, your partner and your dependents:

House repayments/rent:
\$
Personal loan repayments:
\$
Credit card repayments:
\$
Other loan repayments:
\$
Food and household items:
\$
Phone:
\$
Electricity:
\$
Gas:
\$
Clothing:
\$
Car (fuel, repairs etc):
\$
Public transport:
\$
Municipal and water rates:
\$
House insurance:
\$
Education and fares:
\$
Other (details):

\$

\$

Total

9. Income details - all	to complete	10. Dependent de	tails		
List your annual income (or estimates based on last year's income) in relation to you and your partner:		Continued Dependent three			
Salary (self):		Name			
\$					
Salary (partner):		Address			
\$					
Centrelink payments:		Relationship		Age	
\$					
Dividends/interest					
\$		Dependent four			
Fund distributions:		Name			
\$					
Mortgage/other managed fund	l distributions:	Address			
\$					
Other income:		Relationship		Age	
\$					
Total					
\$		Dependent five			
Note: Please provide copies of last thre statements etc) to support your claim.	ee months' statements (payslips, bank	Name			
,,					
10. Dependent details		Address			
Dependent one					
Name		Relationship		Age	
A 11					
Address					
Relationship	Age				
Dependent two					
Name					
Address					
Relationship	Age				

11. Medical expense details

Compassionate claims only - see section C Compassionate claims only - see section C Briefly describe your medical condition (i.e. either (i) a life-Provide details of your relationship to the deceased, and if threatening illness or injury (ii) an acute or chronic pain the deceased was an investor, confirm that you are an condition, and/or (iii) acute or chronic mental disturbance) executor of the estate: and the required treatment: What costs have you incurred in the last 12 months in relation to the illness (where relevant)? Please provide an 14. Carers expense details estimate of costs over the next 12 months. Compassionate claims only - see section C Briefly describe your patient's medical condition and the required treatment Provide details of health insurance and what (if any) of the above costs will be or have been covered by that insurance? Relationship to the patient: Estimated cost of providing the care for the next 12 months: 12. Residential/vehicle expense details Details of the care being provided: Compassionate claims only - see section C Provide details of the modification required to your principal place of residence or vehicle (include the expense) and why they are required:

13. Funeral expense details

15. Declaration

All investors (or their agents/attorneys if applicable) must sign this declaration. We cannot process applications without the relevant signatures.

I/We wish to apply for withdrawal of units in the Dexus Wholesale Australian Property Fund OR Dexus Australian Property Fund (the Funds) based on hardship. By signing this application form, I/We:

- agree to information about me/us being collected, used and disclosed as referred to under 'Your Privacy' in the PDS
- declare and agree that any information and documents that will be used for the purposes of this application (whether or not
 provided on or with this application) are complete and correct, and if they are about another person, have been provided with
 the consent of that person
- acknowledge that it is a criminal offence to knowingly provide false or misleading information or documents in connection with this application.

I/We am/are experiencing the hardship outlined in Section 4, and I do not have access to any assets (apart from my home) that could reasonably be used or sold to pay for the expenses arising from the hardship and that (with the exception of borrowing) I have made every effort to find alternative sources of funds to meet my immediate needs;

I/We am/are aware and understand that I can only apply for a hardship withdrawal as necessary to relieve the immediate hardship outlined in this declaration; I/we will use the money (if redeemed from this investment) for the purpose for which it has been redeemed;

I/We make this declaration under the Statutory Declaration Act 1959 (Cth) and am subject to the penalties provided in that Act for any false statements in this declaration; and

I/We am/are either:

- a) the legal owner(s) of units recorded on the register under my unitholder number, or
- b) in the case of investors that invest through a master trust or platform, the beneficial owner(s) of units, and wish to withdraw all or part of my unitholding as outlined in Section 2.

Signatory 1	Signatory 2
Title Surname	Title Surname
First name	First name
Signing as (please tick)	Signing as (please tick)
Individual Sole trader Trustee Director Joint investor Partner	Individual Sole trader Trustee Director Joint investor Partner
Sole director Agent Attorney	Sole director Agent Attorney
Representative of association/co-operative/ government body – please specify position (e.g chairman)	Representative of association/co-operative/ government body – please specify position (e.g chairman)
Signature Date	Signature Date
Signature of witness (who must appear on the below statutory declaration signatory list)	Signature Date
Name of witness	
Category of witness	Declared at (place)
Address of witness	

Statutory declaration signatory list

Under the Statutory Declarations Act 1959 a statutory declaration must be made in the presence of one of the following:

- A person who is currently licensed or registered under a law to practise in one of the following occupations: Chiropractor, Dentist, Legal practitioner, Medical practitioner, Nurse, Optometrist, Patent attorney, Pharmacist, Physiotherapist, Psychologist, Trade marks attorney, Veterinary surgeon.
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- A person from the following list:
 - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
 - Bailif
 - Bank officer, building society officer or credit union officer with 5 or more continuous years of service
 - Chief executive officer of a Commonwealth court, clerk of a court, Judge of a court, Magistrate or Master of a court, Registrar or Deputy Registrar of a court
 - Commissioner for Affidavits or Commissioner for Declarations
 - Employee of the Australian Trade Commission or employee of the Commonwealth who is in a country or place outside Australia; and authorised under paragraph 3(d) or 3(c) of the Consular Fees Act 1955; and exercising his or her function in that place
 - Finance company officer with 5 or more years of continuous service Justice of the Peace
 - Marriage celebrant or Minister of religion registered under Subdivision C or Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Member of Chartered Secretaries Australia, Member of Engineers Australia (other than at the grade of student), Member of the Association of Taxation and Management Accountants, Member of the Australasian Institute of Mining and Metallurgy, Fellow of the National Tax Accountants' Association, Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

- Member of the Australian Defence Force who is: an officer; or a non-commissioned officer within the meaning of the Defence Force
- Discipline Act 1982 with 5 or more years of continuous service; or a warrant officer within the meaning of that Act.
- Member of: the Parliament of the Commonwealth; or the Parliament of a State; or a Territory legislature; or a local government authority of a State or Territory
- Notary public
- Permanent employee of the Australian Postal Corporation, the Commonwealth or a Commonwealth authority, a State or Territory authority, or a local government authority not specified in this list, with 5 or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Senior Executive Service employee of: the Commonwealth or a Commonwealth authority; or a State or Territory or a State or Territory authority
- Sheriff or Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution.
- Holder of a statutory office not specified in another item in this list

Application form checklist		
The investor has:		
Completed the investor details section		
Completed the section relevant to the type of hardship		
Signed the statutory declaration before an authorised witness		
Attached the relevant supporting documents		

Submitting your application form

Please post your application form **together** with supporting documentation to:

Dexus Capital Funds Management Limited GPO Box 3993

Sydney NSW 2001

Email: dexus@boardroomlimited.com.au

www.dexus.com

Client Services

T: 1800 658 404

8.30am - 5.30pm Sydney time

Monday to Friday F: 1800 188 267

E: clientservices@dexus.com