dexus

Change of details form

Issuer and responsible entity:

The Trust Company (RE Services) Limited. (ABN 45 003 278 831, AFSL 235 150) is the issuer and responsible entity. **Investment manager:**

Dexus Funds Management Limited (ABN 24 060 920 783, AFSL 238163) referred to in this form as 'Dexus', 'we' or 'us'. **Enquiries:**

Please call our Client Services team on 1300 374 029 between 8.30am and 5.30pm Sydney time, Monday to Friday.

1. Current/previous personal details

Client number

| | 1 | | | | | |
|--|---|--|--|--|--|--|
| | | | | | | |
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| | | | | | | |

Name of investor(s)

| State | Postcode |] |
|----------------|----------|---|
| | | |
| Contact number | | |
| | | |
| | | |

| 2. Type of | f change required | | | | | | |
|--|--|--|----------------|------------|--|--|--|
| Name | Address | Email | Contact number | | | | |
| Name change | e details: | | | | | | |
| Marriage | Deed poll | Adoption | Divorce | | | | |
| Other (please | specify) | | | | | | |
| | | | | | | | |
| New name de | etails: | | | | | | |
| Title | Surname | | First name | First name | | | |
| | | | | | | | |
| Current signat | ure* | | Date | Date | | | |
| | | | 1 | / | | | |
| *New signature is Certified copy of c | to be completed as part of Section 3 hange of name must be attached. | Declaration and signature(s) | | | | | |
| | | | | | | | |
| New address | details: | | | | | | |
| | | | | | | | |
| Suburb | | State | Postcode | Country | | | |
| | | | | | | | |
| | | | | | | | |
| Email change | e details: | | | | | | |
| Email address | ; | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ne number change details: | | | | | | |
| Contact numb | er | Mobile | | 1 | | | |
| | | | | | | | |

3. Declaration and signature(s)

I/we declare that all the details are true and correct.

Investor signature(s)

Important: If you are signing as a trustee, you warrant that, at the time of signing, you are authorised under the relevant trust deed to perform the acts contemplated by this form. If you are signing under power of attorney, you warrant that, at the time of signing, you have not received notice of revocation of that power of attorney. A certified copy of the power of attorney must be given to us with the completed form, unless previously provided.

Signatory 1

| Title Surname | | First name | | | |
|--|---------------------|------------------------------|----------|--|--|
| | | | | | |
| Signing as (please tick) | | | | | |
| Individual Sole trader T | Trustee | Director | | | |
| Joint investor | Sole Director | Agent | Attorney | | |
| Representative of association/co-operative/governm | ent body – please s | pecify position (e.g chairma | n) | | |
| Signature | | Date | | | |
| | | 1 1 | | | |
| Signatory 2 Title Surname | | First name | | | |
| Title Surname | | | | | |
| Signing as (please tick) | | | | | |
| Individual Sole trader T | Trustee | Director | | | |
| Joint investor Partner S | Sole Director | Agent | Attorney | | |
| Representative of association/co-operative/governm | ent body – please s | pecify position (e.g chairma | n) | | |
| Signature | | Date | | | |
| | | 1 1 | | | |
| Please post or email your completed form to: | | | | | |
| Dexus Funds Management Limited | | | | | |
| GPO Box 3993 | | | | | |
| Svdnev NSW 2001 | | | | | |

Email: dexus@boardroomlimited.com.au