dexus

Change of distribution payment details

Issuer		_			-	,				70.004	4501	0054	.50) : :						
The Trust Company (RE Services) Limited (ABN 45 003 278 831, AFSL 235150) 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.																			
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Use th	is for	m to c	hange	e the o	details	of you	ır non	ninate	d ban	k acco	unt for r	ecei	ving distribut	ion pay	ments.				
1. In	vest	or de	etails	5															
Client number Investor												Investor na	me(s)						
Contact number																			
Contact number																			
																			-
2. Di	strik	outio	n pa	yme	nt m	etho	d												
_																			
Fund(s)											_							
									Pay to Reinvest as bank account additional units										
											Dai	ik ac				addit		111165	
Dexus Core Property Fund													or						
O4h = =	. Г												_ 						
Other	L													or					
3. Ac	CCOL	ınt d	etail	S															
Pay to					or fin	ancia	insti	tution	belo	w:									
-											have yo	ur di	istribution pa	yments	direct o	redite	d to yo	our acc	count.
											-								
Accou	nt nai	ne					BSE	3 num	ber			1	Account nun	nber	1 1	1			
Name	of fin	ancial	institu	ution							Bran	ch n	ame						
Р	lease	tick if	you v	would	like yo	our no	minate	ed acc	ount (change	ed to tha	at sho	own above						

Note: Only Australian bank, building society or credit union accounts can be accepted. For security, the bank account must be in the registered unitholders name. Requests for payment to third party bank accounts or that do not contain deposit account instructions will not be processed.

4. Declaration and signature

I/we wish to change my/our distribution payment details as set out in this form, in accordance with the terms of the current Product Disclosure Statement(s) for the fund(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 Trustee	Director									
Joint investor Partner Sole director	Agent Attorney									
Representative of association/co-operative/government body – please specify position (e.g chairman)										
Signature	Date									
Signatory 2										
Title Surname	First name									
Signing as (please tick)										
Individual Sole trader Trustee	Director									
Joint investor Partner Sole director	Agent Attorney									
Joint investor Farther Sole director	Attorney									
Representative of association/co-operative/government body – please specify position (e.g chairman)										
Signature Date										
- Cignatal 6	/ /									
	, ,									
Please post or email your completed form to:										
Dexus Funds Management Limited										
GPO Box 3993										
Sydney NSW 2001										

www.dexus.com

Email: dexus@boardroomlimited.com.au