

Transfer and acceptance of units

| Issuer and responsible entity: | | | |
|--|--|--|--|
| The Trust Company (RE Services) Limited (ABN 45 003 278 831, AFS entity. | SL 235150) is the issuer and responsible | | |
| Investment manager: | | | |
| Dexus Funds Management Limited (ABN 24 060 920 783, AFSL 2381 | 63). | | |
| | | | |
| | | | |
| Client Number | | | |
| | | | |
| TRANSFEROR DETAILS (OWNER ONE) | | | |
| | () | | |
| Transferor name (Owner and) | | | |
| Transferor name (Owner one) | Contact phone number | | |
| Registered address | | | |
| | | | |
| Street number and name Town/Suburb | State Postcode | | |
| | | | |
| Email address | Mobile number | | |
| | | | |
| TRANSFEROR DETAILS (OWNER TWO) | | | |
| TRANSFERSION DETAILS (OWNER TWO) | | | |
| | () | | |
| Transferor name (Owner two) | Contact phone number | | |
| Registered address | | | |
| | | | |
| Street number and name Town/Suburb | State Postcode | | |
| | | | |
| | | | |
| Email address | Mobile number | | |
| | | | |
| TRANSFEREE DETAILS (NEW OWNER ONE) | | | |
| | () | | |
| Transferse name (New cumer one) | Contact whom a muse hair | | |
| Transferee name (New owner one) | Contact phone number | | |
| Registered address | | | |
| | | | |
| Street number and name Town/Suburb | State Postcode | | |
| Salest name (OWII/Oubuit) | State Fostcode | | |
| Town/Outputs | State | | |

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| TRANSFEREE DETAILS (NEW OWNER TV | NO) | | | | |
|--|----------------|--------------|---------------------|---------------|-----|
| | | | () | | |
| Transferee name (New owner two) | | | Contact phone | number | |
| Registered address | | | | | |
| | | | | | |
| Street number and name | Town/Suburb | | State | Postcode | |
| | | | | | |
| Email address | | | Mobile number | | |
| Transfer and acceptance of units form | | | | | |
| FUND DETAILS | | | | | |
| | | | | | |
| Full name | | | | | |
| Please select one option: | | | | | |
| Amount to be transferred (exclude stam | p duty) | | \$ | | |
| Number of units to be transferred | | | | | |
| | | | | | |
| Full balance transfer | | | | | |
| PAYMENT INSTRUCTIONS | | | | | |
| Income distribution instructions for new owner | r(e) | | | | |
| Reinvested into additional units | (3) | | | | |
| | | | | | |
| Credit to bank/other financial institution | as listed: | | | | |
| | | | | | |
| Address of bank/ financial institution | | | | | |
| | | | | | |
| Bank/Institution branch name | | Account r | name | _ | |
| | | | | | |
| BSB Number | Account number | | | _ | |
| | | | | | |
| AUTHORISATION | | | | | |
| The transferee hereby agrees to take the unit | | | ons of the relevant | Trust Deed(s) | |
| X | / / | Х | | / | / / |
| , , , , | ate | | e Transferor (Own | er two) Date | |
| X | 1 1 | X | | / | / |
| Signed by the Transferee (Owner one) | ate | Signed by th | e Transferee (Owr | ner two) Date | |

Please complete this form and send/fax it to:

Dexus Funds Management Limited

GPO Box 3993

Sydney NSW 2001

Email: dexus@boardroomlimited.com.au

www.dexus.com

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