

Change of details

Issuer and responsible entity:

Dexus Capital Funds Management Limited ABN 15 159 557 721, AFSL 426455, referred to in this form as 'Dexus', 'we' or 'us'. **Enquiries:**

Please call our Client Services team on 1300 374 029 between 8:30am to 5:30pm Melbourne time, Monday to Friday.

1. Current/previous personal deta	ails	Name of investor(s	·)
Address			
Suburb	State		Postcode
Complete details if applicable: (Please tick) Change of address Address			
Suburb	State		Postcode
Email	Contact number		

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2. Change of distribution payment details for fund(s)

New distribution payment instructions:	
Reinvested into additional units, OR	Credited to bank/financial institution as listed:
Name of bank/financial institution	Account name
Bank/financial institution branch name	
BSB number Account number	
3. Change of direct debit details for fund(s) Direct debiting is not available on the full range of accounts, or myour financial institution if you are unsure. The financial institution will be reflected in your account statement. I/We request that National Mutual Life Nominees Pty Ltd. (as cus responsible entity of the Dexus Wholesale Australian Property Fudebit my/our account detailed below, any amount National Mutual Wholesale Australian Property Fund and User ID No. 460963 for through the direct debit system. Account name	n may charge a small fee for the direct debit arrangement. This stodian for Dexus Capital Funds Management Ltd as und and Dexus Australian Property Fund), until further notice, al Life Nominees Pty Ltd. (User ID No. 460968 for the Dexus
Name of financial institution	
BSB number Account number	
Branch address	
Please note that your nominated account must be an Australian not a credit card account.	bank, building society or credit union account,
4. Change of name	
From	То
Reason	

Certified copy of change of name must be attached.

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5. Investor signature(s)

Signatory 1				
Title Surname	First name			
Signing as (please tick)				
Individual Executor Trustee	Director			
Joint investor Partner Sole director	Agent Attorney			
Representative of association/co-operative/government body – please	e specify position (e.g chairman)			
Signature	Date			
	1 1			
Signatory 2				
Title Surname	First name			
Signing as (please tick)				
,				
Individual Executor Trustee	Director			
Joint Investor Partner Sole Director	Agent Attorney			
Representative of association/co-operative/government body – please specify position (e.g chairman)				
Signature	Date			
	1 1			
Please post or email your completed form to:				
Dexus Capital Funds Management Limited				
GPO Box 3993				
Sydney NSW 2001				

Email: dexus@boardroomlimited.com.au

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