

Australian Standard Transfer Form

Fund details

Fund name (the Fund) _____

Description of Securities _____	Class _____	Units _____
Quantity (words and figures) _____		
Consideration \$ _____		

Seller details

Full name(s) of Transferor(s) (Seller(s)) _____

Investor number (must be quoted) _____

Buyer details

Full name(s) of Transferee(s) (Buyer(s)) _____

Investor number (if applicable) _____

Full postal address of Transferee(s) (Buyer(s)) _____

Suburb _____ State _____ Postcode _____

Declaration and signature(s)

APN Online provides you with the ability to view multiple accounts that you hold with us. To "link" investments you must be authorised on all of the investment accounts and agree to consolidation of your contact details across them. Please nominate one account as your primary investment and include details of the other accounts held with us as secondary investments. (IMPORTANT - Your contact details for the primary investment will override the secondary investments if they differ.)

I/We the registered holder/s and undersigned seller/s for the above consideration do hereby transfer to the above name/s hereinafter called the Buyer/s the securities as specified above standing in my/our name/s in the books of the above named Fund or Structured Product, subject to the several conditions on which I/we held the same at the time of signing hereof and I/we the Buyer/s do hereby agree to accept the said securities subject to the same conditions. I/We have not received any notice of revocation of the Power of Attorney by death of the grantor or otherwise, under which this transfer is signed.

Signature of Seller 1 _____

Name of Seller 1 (please print) _____

Date / / _____

Director Sole director and company secretary Trustee Other (please specify) _____

Signature of Buyer 1 _____

Name of Buyer 1 (please print) _____

Date / / _____

Director Company secretary Trustee Other (please specify) _____

Signature of Seller 2 _____

Name of Seller 2 (please print) _____

Date / / _____

Director Sole director and company secretary Trustee Other (please specify) _____

Signature of Buyer 2 _____

Name of Buyer 2 (please print) _____

Date / / _____

Director Company secretary Trustee Other (please specify) _____

Privacy Statement

You acknowledge that Dexus Asset Management Limited (ACN 080 674 479, AFSL No. 237500) (DXAM) and its related bodies corporate may disclose and use personal information as contemplated in this form, DXAM's Privacy Policy available at www.dexus.com and the Privacy Statement in this PDS.

Send us your form

We accept this form returned to us by email, fax or post.
All pages must be present for the forms to be processed.

Email

Please scan and email to: **investorservices@dexus.com**
(You can send up to 10mb of attachments.)

Fax

Please fax the completed form to: **+61 3 8656 1010**

Post

Mail this completed form to: **Dexus Asset Management Limited,
PO Box 18011, Melbourne Collins Street East, VIC 8003**