

Direct property funds withdrawal form

Issuer and responsible entity:

Dexus Capital Funds Management Limited (ABN 15 159 557 721, AFSL 426455), referred to in this form as 'the Responsible Entity', 'Dexus', 'we' or 'us'.

Enquiries:

Please call our Client Services team on 1300 084 023 between 8:30am to 5:30pm Melbourne time, Monday to Friday.

DID YOU KNOW: Dexus Wholesale Australian Property Fund is available on PrimaryMarkets that provides investors the option of selling units on their platform, creating an alternative liquidity solution for unit holders. For more information, please visit www.primarymarkets.com/for-advisers-and-afsl/adviser-dwapf.

1. Investor details

Client number

Name of investor(s)

Street number and name

Suburb

State

Postcode

Email

Contact number

2. Name of fund to which request relates

 Dexus Wholesale Australian Property Fund (ARSN 088 996 392) Dexus Australian Property Fund (ARSN 096 853 619)

Please complete a separate withdrawal form for each withdrawal request. Dexus will confirm the transaction details once the withdrawal of units has been completed.

3. Withdrawal amount

Please complete either section 3A or 3B or tick the box for a Full withdrawal.

Section 3A - Amount to be withdrawn

3B - Number of units to be withdrawn

 Full withdrawal

4. Payment details

 Pay to current nominated account Pay to account nominated below:

Name of bank/financial institution

Account name

Branch name

BSB number

Account number

Declaration and 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.

I/We acknowledge and agree to the maximum extent permitted by law to release, discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.

I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the PDS for the relevant fund in which the units are being withdrawn and the constitution of those funds as amended at the time of the withdrawal, including that this withdrawal request will be cancelled if a wind up of the fund commences.

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)

Joint investor Trustee Company secretary
 Partner Director Agent Attorney
(if more than 2 attorneys, please provide names and signatures)

Representative of association/co-operative/government body – please specify position (e.g chairman)

Signature Date

Please post or email your completed form to:
Dexus Capital Funds Management Limited
GPO Box 3993
Sydney NSW 2001
Email: dexus@boardroomlimited.com.au