

# Withdrawal Request Form

## Centuria Healthcare Property Fund

# Centuria

This Withdrawal form is issued by  
Centuria Property Funds No.2 Limited  
ACN 001 477 505 AFSL 340 304

### Investor Services contact details

Phone (within Australia) 1800 182 257 International +61 2 9290 9689

Email Property.Enquiry@CenturiaInvestor.com.au Website www.centuria.com.au

Please use this form if you wish to make a request to a withdraw from the Fund.

### Step 1

Please complete all sections in block capitals and using a black pen. If you make an error while completing this form, do not use correction fluid, Cross out your mistakes and initial your changes.

Please double check if you have done the following:

- written your account number and account name as it appears on your latest periodic or transaction statements
- written the amount in either Australian dollars or units if you are making a partial withdrawal
- provided your bank account details
- signed the form as per the 'Signing instructions' in Section 4

### Step 2

Send your withdrawal request to us.

You can return your form by post or email according to the details below.

#### Centuria Healthcare Property Fund

C/O Centuria Investor Services  
GPO Box 3993  
Sydney NSW 2001

#### Scan and email to:

Property.Enquiry@CenturiaInvestor.com.au

### 1. Investor Details

These contact details will be used for all investment correspondence.

Account number

U

Fund

**Centuria Healthcare Property Fund**

Account name

### 2. Investor Address

Address

Suburb

State

Postcode

Country

Mobile Number

Home Number

Email

### 3. Withdrawal Details

Please indicate if you are making a full withdrawal or a partial withdrawal.

If you are making a partial withdrawal please specify the number of units or dollar amount you wish to withdraw. To keep your account open, we currently require a minimum balance of AUD 1,000. If your balance after withdrawal would be lower than the minimum we will treat your withdrawal request as relating to all of your units.

Full Withdrawal

Partial Withdrawal

AUD Amount

Units

**Privacy:** All information collected by Centuria Property Funds No.2 Limited is collected and handled in accordance with Centuria's Privacy Policy, a copy of which is available on request by calling 1800 182 257. By completing this form, you agree to be bound by Centuria's Privacy Policy disclosures in the PDS.

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### 4. Payment of Proceeds

Withdrawal proceeds will be paid into the nominated bank account linked to your unit holding. If you would like to nominate a different account please contact Centuria Investor Services on 1800 182 257.

### 5. Acknowledgments and Signatures

This withdrawal request is being made in response to the terms set out in the current Product Disclosure Statement (PDS) for the Fund available at [Centuria.com.au/CHPF/PDS](http://Centuria.com.au/CHPF/PDS) or on request. By submitting this request, you will be deemed to have agreed to having your withdrawal request being dealt with and processed in accordance with the terms of the PDS. In addition, by submitting this request, you irrevocably appoint Centuria as your agent and attorney to do all things (including lodging or re-lodging a withdrawal request to participate in a subsequent withdrawal opportunity) necessary to facilitate the withdrawal of your units in accordance with your withdrawal request.

By signing this form I/we agree that Centuria and the unit registry are entitled to act on the instructions without further enquiry.

#### Signing instructions

**Individual** — where the investment is in one name, the account holder must sign.

**Joint Holding** — where the investment is in more than one name, all of the account holders must sign.

**Companies** — where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** — if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked.

### Signatures

Signature of investor 1, director or authorised signatory

Signature A

Full name

Date

If a company officer or trustee you must specify your title

Director  Sole Director & Company Secretary

Trustee Other

Signature of investor 2, director/company secretary or authorised signatory

Signature B

Full name

Date

Director  Sole Director & Company Secretary

Trustee Other