

Additional Investment Application Form Centuria Healthcare Property Fund

Centuria

This Additional Investment 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

This Additional Investment Application Form is part of the Product Disclosure Statement (PDS) issued by Centuria Property Funds No. 2 Limited (ABN 38 133 363 185) (AFSL 340 304) for the Centuria Healthcare Property Fund (Fund) (ARSN 638 821 360) available at Centuria.com.au/CHPF/PDS or on request. You should read the PDS and the Application Form together in full before applying to invest as it provides important information about investing in the Fund.

Any person who gives another person access to this Additional Investment Application Form must at the same time and by the same means, give the other person access to the PDS. The Offer to which the PDS relates is only available to eligible Investors receiving a copy of the PDS (electronically or otherwise) in Australia, New Zealand and Singapore. Unless the context requires otherwise, capitalised terms used in this Application Form have the meaning given to them in the PDS. Centuria Property Funds reserves the right to accept or refuse any Application for investment in the Fund.

1. Please complete all sections in block capitals and using a black pen.
2. Please double check that you have completed the following:
 - written your account number and account name as it appears on the latest periodic or transaction statements
 - written the amount in Australian dollars
 - selected the payment method you would like to use
 - signed the form as per the 'Signing instructions' in section 5.
3. Where to send your Application:

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

4. Payment of your additional investment: Please refer to section 4 'Payment of application amount'.

1. Investor Details

These contact details will be used for all investment correspondence.

Account number

Fund

Centuria Healthcare Property Fund

Account name

2. Investment Details

Please specify the amount you wish to invest. The minimum additional investment amount is \$1,000.

Investment amount: \$

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3. Adviser Details

Please have your Financial Adviser complete and sign this Section, to confirm they hold a current AFS licence and are authorised to deal or advise on managed investment products.

Adviser first name(s)

Adviser surname

Adviser email address

Licensed Dealer

AFS licence No.

Adviser company (if applicable)

Adviser signature

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 Details

Please select one of the three payment methods. All payments must be made in Australian dollars (AUD).

BPAY®
 Cheque
 EFT
 Direct Debit

a. BPAY® telephone and internet banking

	Bill code	117986
	Reference number	Reference Number
	* Registered to BPAY Pty Ltd ABN 69 079 137 518	

You can make payment with your bank using telephone or internet banking. You will need to quote the biller code and reference number when making your payment. Once your original application is accepted, Centuria Investor Services will contact you by phone or email to provide you with your BPAY Reference Number.

b. Cheque

Please make cheques payable to "Centuria Healthcare Property Fund Applications" and attach with this Form when posting. Please cross and write 'not negotiable' on Australian cheques only.

c. Electronic Funds

Please transfer funds electronically to the following account and send your completed Application Form to the address below.

Account Name: Centuria Healthcare Property Fund Application Account
BSB: 332 027
Account Number: 555 492 694
Your Reference: Please use the name of your investment entity

d. Direct Debit (maximum \$500,000)

If your additional investment is less than \$500,000 you can allow us to deduct your Application amount directly from your nominated financial institution account by completing the Direct Debit Request Form. This debit will be made through the Bulk Electronic Clearing System (BECS) from your Account held at the financial institution you have nominated on the Direct Debit Request Form. By completing this Section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Boardroom Pty Limited, as set out in this Request and in your Direct Debit Request Service Agreement, a copy of which is available on page 43 of the PDS.

It is important to include your **investment entity** as your reference to ensure there is no delay in allotting your Units in the Fund.

5. Declarations and Signatures

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS available at Centuria.com.au/CHPF/PDS or on request.
- monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association and you are not a "politically exposed" person for the purposes of the AML Legislation;
- you are not bankrupt;
- you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time; and
- you are over the age of 18 years.

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 and that the Donor is still living.

Signatures

Authorised signature to sign.

Signature A

Full name

Date

If a company officer or trustee you must specify your title

Director
 Sole Director & Company Secretary
 Trustee
 Other

Signature B

Full name

Date

Director
 Sole Director & Company Secretary
 Trustee
 Other