FULL NAME(S) OF REGISTERED HOLDING

All correspondence and enquiries to:

GPO Box 3993 Sydney NSW 2001 Tel: 1800 182 257 (within Aust) Tel: +61 9290 9600 (outside Aust) Fax: +61 2 9279 0664 centuriainvestor.com.au enquiry@centuriainvestor.com.au

REGISTERED ADDRESS

You are required to insert this number **UNITHOLDER NUMBER**

REGULAR INVESTMENT PLAN(RIP) AND DIRECT DEBIT REQUEST FORM(DDR)

USE A BLACK PEN. PRINT IN CAPITAL LETTERS INSIDE THE BOXES.

Please note direct debit maximum is \$500,000. If your investment is greater than this please use BPAY or EFT. These details of payment options can be found in the Fund's PDS. Regular Investments into the Centuria Healthcare Property Fund can be debited from your bank account and added to your Investment in the Fund on a regular basis.

A. Regular Inves	stment Plan (RIP) - request	details				
New plan	Amend and replace existing	ı plan Cancel pla	Cancel plan			
(AFSL 340 304) ('CF com.au/CHPF/PDS information about in) is part of the Product Disclosure PF2L') as Responsible Entity for the or on request. You should read the exesting in the Fund. Unless the co F2L reserves the right to accept o	e Centuria Healthcare Prope e PDS and the Form together ontext requires otherwise, ca	rty Fund (Fund) (ARSN 638 821 3 in full before applying to invest a apitalised terms used in this Form	60) available at C is it provides impo	enturia. ortant	
Regular Investment	Plan amount AUD	Date	Debits frequency			
		20	Monthly	Quarterly	Annual	
The minimum amount	t for regular investment is \$100 per n	month.				
B. Regular Inves	stment Plan - declaration a	nd authorisation				
	FBE COMPLETED Ild be signed by the Account Holde All Account Holders should sign	er.				

- · If signed by the Account Holder's attorney, a certified copy of the power of attorney must have been previously of revocation by death of the grantor or otherwise.
- If executed by a company, the form must be signed by a Director or Company Secretary or otherwise in accordance with the company's constitution.

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.

Account holder 2	
Date	
Individual 2	Individual 3
Pin the	Director/Company Secretary
_	Date

Joint holding: Power of Attorney:

Individual:

This form is to be signed by the securityholder.

Where the holding is in more than one name, all of the securityholders must sign. To sign as Power of Attorney, you must have already lodged it with the registry.

Alternatively, attach a certified photocopy of the Power of Attorney to this form.

Two Directors, Director and Company Secretary or Sole Director and Sole Company Companies: Secretary can sign. please indicate the office held by signing in the appropriate space. Date

C. Direct debit request - banking de	ails advice	
Account number	BSB number	
Name in which account is held (e.g. John Smith		
Name of Australian bank or financial institution		
Name of branch or suburb or town	Type of account (e.g. cheque, savings)	
	count completed in Section 3 of this form must sign. vestment is greater than this please use BPAY or EFT. These details of payment optic	ons can be
institution and registry provider, for funds to be this direct debit arrangement is subject to the the CHPF PDS. By signing and/or providing CF to the terms and conditions governing the de	Funds No.2 Limited (ABN 38 133 363 185) (AFSL 340 304) ('CPF2L') through its own fit debited from the nominated account for the amount stated on this form. I/We acknown and conditions of the Direct Debit Request Service Agreement outlined in Sective 2L with a valid instruction in respect to this Direct Debit request, I/We understand an it arrangements between me/us and CPF2L as set out in this request. I/We authorise in and acknowledge that these instructions supersede and have priority over all present account signatories must sign.	owledge ction 10 of nd agree e CPF2L
Bank account signatory 1	Bank account signatory 2	
Date	Date	

Full name

Full name