

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 centuria.com.au

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

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 only making a partial withdrawal
- provided your bank account details
- signed the form as per the 'Signing instructions' in Section 4

2. Send your withdrawal request to us.

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

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

Fax forms to +61 2 9279 0664
Scan and email to property.enquiry@centuriainvestor.com.au

1. Investor details

These contact details will be used for all investment correspondence.

Account number

Account name

Fund

Centuria Healthcare Property Fund

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

Withdrawal request form

Centuria Healthcare Property Fund

Centuria

4. Payment of proceeds

Withdrawal proceeds will be paid into the bank account below which must be in the name of the investor/s. If a bank account is not provided below, we will make payments to the bank account you have previously provided. To avoid fraudulent requests we will not make any payments into third party bank accounts. There may be a delay in finalising payment to ensure that the withdrawal request is genuine.

Australian bank account details

Please provide the Australian bank account details in order to receive your distribution payments and/or future withdrawal payments. Payments will only be made to a bank account held in the name of the investor/s. Payments will not be made into third party bank accounts. If you have an international bank account, please contact the Centuria Investor Services Team on 02 8923 8923.

Bank name

Branch name

BSB Account number

Bank account name (cannot be a third party bank account)

5. Acknowledgments and signatures

This withdrawal request is being made in response to and on the terms set out in the current withdrawal offer made by Centuria as set out on the Centuria website (Withdrawal Offer) and on the terms set out in the Current Product Disclosure Statement (PDS) for the Fund available at 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 Withdrawal Offer and 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 and that the Donor is still living.

Signatures

Signature of investor 1, director or authorised signatory

Signature A

Full name

Date

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

Signature B

Full name

Date

If a company officer or trustee you must specify your title

Director	Sole Director and Company Secretary	Director	Sole Director and Company Secretary
Trustee	Other	Trustee	Other