All correspondence and enquiries to:

Centuria

PO Box R775, Royal Exchange NSW 1225
Tel: 1800 182 257 (within Aust)
Tel: +61 2 7248 6323 (outside Aust)
Email: centuria@getcaruso.com
portal.centuria.com.au

You are required to insert this number
Investing Entity ID

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

CENTURIA HEALTHCARE PROPERTY FUND - ADDITIONAL INVESTMENT FORM

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. 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
- selected the payment method you would like to use
- signed the form as per the 'signing instructions' in section 5

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

Send by post to:
Centuria Healthcare Property Fund
PO Box R775, Royal Exchange NSW 1225

Scan and email to:
centuria@getcaruso.com

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

Section 1 INVESTOR DETAILS

Account number

Fund

Account name

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

$

Section 2 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 and advise on managed investment products.

Adviser given name(s)

Adviser surname

Adviser email address

Licensed dealer

AFS licence number

Adviser company (if applicable)

Initial advice fee (if applicable)

Adviser signature

Section 3 PAYMENT DETAILS

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

☐ BPAY® ☐ Cheque ☐ EFT ☐ Direct credit

Section 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.

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.

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.

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.

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.

Please indicate the office held by signing in the appropriate space.

Signature of investor 1, director or authorised signatory

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

Full name

Full name

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

If a company officer or trustee you must specify your title

☐ Director ☐ Sole Director or Company Secretary ☐ Trustee

☐ Other

☐ Director ☐ Sole Director or Company Secretary ☐ Trustee

☐ Other