

**Client Services contact details** 

Phone

Within Australia: 1300 997 774 International: +(61) 3 9616 8687 Send your form by email:

australianunitywealth\_transactions@unitregistry.com.au

**Email enquiries:** 

australianunitywealth@unitregistry.com.au

# **Australian Unity Diversified Property Fund** Capped Withdrawal & Carry Forward Facility booklet

Please use this form if you are an existing investor in the above fund and wish to make a withdrawal.

To help assist you with filling out this form, please refer to the Product Disclosure Statement (PDS) and Form Information Guide which can be accessed via our website www.australianunity.com.au/wealth

In this document, the description 'we', 'us' or 'our' refers to Australian Unity Property Limited (AUPL).

Complete all sections in BLOCK letters 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.

Your personal information will be collected, used and disclosed by us in accordance with our Privacy Policy and in accordance with the law. You can obtain a copy of our Privacy Policy via our website www.australianunity.com.au/privacy-policy or by calling 1300 997 774 or +61 3 9616 8687.

#### **Capped Withdrawal Facility**

The maximum amount available for withdrawals under the Capped Withdrawal Facility is 2.5% of the Fund's net asset value as at the Closing Date (although we have the discretion to alter this amount). If the maximum amount available for the Capped Withdrawal Facility is less than the total amount of withdrawal requests, then investors will receive a pro-rata amount of their withdrawal request.

#### Carry forward facility

Investors are able to elect to utilise the Fund's 'carry forward facility' under which any unfulfilled part of a withdrawal request will continue to be automatically carried forward to the next Capped Withdrawal Facility and treated as a new withdrawal request for any unfulfilled amount. See election in section 5 of this form.

# Lodgement

Withdrawal requests will be accepted from the Opening Date until each Closing Date. Refer to the Fund's PDS for more information in respect of the Opening Dates and Closing Dates.

Withdrawal requests lodged after 3:00pm Melbourne time on a Closing Date will be deemed to have been received on the Opening Date of the following Capped Withdrawal Facility.

If you submit more than one request, we can only accept the last received request, and will disregard previous requests.

# Please ensure that you have completed the following:

- written your account number and account name as it appears on your latest statements
- written the amount in either Australian dollars or units if you are only making a partial redemption
- signed the form as per the 'Signing instructions' in section 4.

# 2. Send your redemption request to us.

You can return your forms by post or email:

Send by post: **Australian Unity** 

GPO Box 804

Melbourne VIC 3001

Scan and email to: australianunitywealth transactions@unitregistry.com.au

Please include your account number in the subject line of your email.

We will not be able to process your redemption until we receive the correct and duly signed documentation.

This may affect the unit price applying to your investment.

1 Investor details	
Account number	Account name
2 Withdrawal details	

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

If you are making a partial withdrawal please specify the number of units or dollar amount. To keep your account open, ensure you meet the required minimum balance amount. If your balance after redemption is lower than the minimum we may withdraw your units in full, pay you the proceeds and close your account.

FUND NAME	APIR CODE	MINIMUM BALANCE AUD\$	WITHDRAWAL OPTION (Complete ONE of the columns below)		
			Withdrawal Amount Enter amount in AUD\$	Full Redemption Mark with an X	Partial Redemption Enter number of units
Australian Unity Diversified Property Fund	YOC0018AU	\$5,000	\$ (Minimum \$1,000)		

#### 3 Payment of proceeds

The withdrawal will be paid to the bank account details that are recorded on our systems.

Please note: We can only pay your withdrawal proceeds to the bank account that has been previously submitted by you and accepted by us. If there are any changes to your bank account, we require you to complete a Change of Details form which you can find at <a href="https://www.australianunity.com.au/wealth/changeofdetails">www.australianunity.com.au/wealth/changeofdetails</a>

You must receive confirmation that your bank account has been updated prior to us accepting a withdrawal request.

Third party payments will not be made.

## 4 Declaration and signing instructions

By signing this form I/we agree:

- that OneVue and the unit registry are entitled to act on the instructions, without further enquiry and these instructions supersede and have priority over all previous instructions in respect to my/our investment.
- to have acknowledged and read the Form Information Guide.
- in consideration of payment of the part of my Investment(s) specified in this request, I confirm that I waive all rights to further claims of the benefit of the part(s) of the Investments I am withdrawing. All account signatories must sign below.

# Who needs to sign this form

**Individuals** – 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 or corporate partnerships or corporate trustees – 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. By signing as a single director investor confirms that the company is a single director company.

**Partnerships -** if the account is held for a partnership then all partners or those authorised to sign on behalf of the partnership

**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.

Signature of investor 1, director or authorised signatory	signature of investor 2, director/company secretary or authorised signatory			
Please print full name	Please print full name			
Date (DD/MM/YYYY)  DD / MM / YYYYY	Date (DD/MM/YYYY)			
Company officer (please indicate company capacity)  Director	Company officer (please indicate company capacity)  Director			
Sole director and company secretary	Company secretary			
Authorised signatory	Authorised signatory			
5 Automate withdrawal requests by participating in the ca	rry forward facility – limited power of attorney			
Do you wish to automate withdrawal requests by participating in	the carry forward facility – limited power of attorney.			
Yes – Please complete the relevant Capped Withdrawal Fac	ility Power of Attorney below.			
No - If No, send this Capped Withdrawal Facility Booklet to	the address details provided.			
Investors are able to elect to utilise the Fund's 'carry forward facil continue to automatically be carried forward to the next Capped unfulfilled amount.	ity' under which any unfulfilled part of a withdrawal request will Withdrawal Facility and treated as a new withdrawal request for any			

To take advantage of the carry forward facility, the investor must grant the Responsible Entity a limited power of attorney by completing and signing the section below as a deed. This limited power of attorney enables the Responsible Entity to apply on behalf of the investor for any unfulfilled part of a withdrawal request at the next available Capped Withdrawal Facility. The Responsible Entity will continue to apply for withdrawals on an ongoing basis until the full amount of the withdrawal request is fulfilled; the investor notifies the Responsible Entity in writing to terminate the carry forward facility; the investor makes a new withdrawal request, thereby cancelling any outstanding unfulfilled request (utilising the carry forward facility); or the Capped Withdrawal Facility is cancelled.

To carry forward your withdrawal request, please read the following and tick the relevant box(es) below in one of the three options depending on how you hold your investment.

Pursuant to Part 2 of the Powers of Attorney Act 2014, I/we appoint Australian Unity Property Limited ACN 079 538 499 (AUPL) to be my/our attorney in accordance with the terms and conditions of this Capped Withdrawal Facility booklet and the current PDS (and any supplementary PDS) of the Fund and authorise AUPL to act in my/our name as my/our attorney:

- to sign all documents necessary to submit the unfulfilled part of my/our withdrawal request in the next Capped Withdrawal Facility (generally the next quarter) and subsequent Capped Withdrawal Facilities until;
  - my/our original withdrawal request is paid in full,
  - I/we notify the Responsible Entity in writing to terminate the carry forward facility,
  - I/we make a new withdrawal request; or
  - the Capped Withdrawal Facility is cancelled;
- to generally do all other acts or things that I/we may lawfully authorise an attorney to do on my/our behalf which AUPL may consider advisable, desirable or necessary in connection or in relation to the withdrawal request.

I/we agree to ratify and confirm whatever AUPL does under this power of attorney, and be bound, together with any person claiming under or through me/us, by anything AUPL does in exercising powers under this power of attorney and that this power of attorney begins immediately.

Tick the relevant box(es) in one of the following three options to confirm acceptance below.

This general non-enduring limited power of attorney is made under Part 2 of the Powers of Attorney Act 2014 and has effect as a deed.

Option 1 only needs to be completed by accounts held individually	y or jointly or by a trust which has individuals who are trustees.	
You must tick the box to utilise the carry forward facility.		
Investor 1 / individual trustee 1 tick box to confirm acceptance that this document is being executed with the intention that it will act as a separate limited power of attorney:	Investor 2 / individual trustee 2 tick box to confirm acceptance that this document is being executed with the intention that it will act as a separate limited power of attorney:	
Signed, sealed and delivered as a deed by an individual or individual	I trustee(s) in the presence of:	
Signature of investor 1 / individual trustee 1	Signature of investor 2 / individual trustee 2	
X	X	
Please print full name	Please print full name	
Witness for individual or joint investors		
Each signature above must be witnessed.		
Signature of witness for investor 1	Signature of witness for investor 2	
×	X	
Name of witness (please print full name)	Name of witness (please print full name)	
Date (DD/MM/YYYY) / / /	Date (DD/MM/YYYY) / / /	
Option 2 – Companies: Capped Withdrawal Facility Power of Atto	orney	
Option 2 only needs to be completed by accounts which have a co	ompany as a signatory.	
The company confirms acceptance that this document is being power of attorney:	executed with the intention that it will act as a separate limited	
Signed, sealed and delivered by the company in accordance with sec following officer(s):	ction 127 of the Corporations Act 2001 (Cth) by being signed by the	
I am signing as sole director and secretary of the company	I am signing as director 2 of the company	
I am signing as director 1 of the company	I am signing as the company secretary	
X	X	
Please print full name	Please print full name	
Capacity in which the company is signing (e.g. company, corporate trustee of a trust or self-managed superannuation fund or a platform)		
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)	

Option 1 - Individual / joint holders or trustees: Capped Withdrawal Facility Power of Attorney