

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

Withdrawal (redemption) request

Who can use this form?

Use this form to request a withdrawal from the Australian Unity Healthcare Property Trust (Wholesale, Retail and Class A Units).

Other important information

To help assist you with filling out this form, please refer to the relevant Disclosure Document(s) which can be accessed via our website www.australianunity.com.au/wealth

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.

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 telephone 1300 997 774 or +61 3 9616 8687.

1. Please ensure that you have completed the following:

- written your account number and account name as it appears on your latest statements
- written which fund (unit class) this instruction applies to
- written the amount in either Australian dollars or units if you are only making a partial redemption
- provided your bank account details
- 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 according to the details below:

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 documentation. This may affect the unit price applying to your investment.

3. Payment of proceeds:

- The withdrawal (redemption) will be paid to the bank account we hold on file.
- Please note: We can only pay your redemption 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 an original Change of Details form with an original signature. You must receive confirmation that your bank account has been updated prior to us accepting a redemption request.
- Third party payments will not be made.

Carry forward facility

Investors are able to elect to utilise the Trust'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 3 of this form.

1 Investor details

Account number

Account name

2 Redemption details

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

If you are making a partial redemption please specify the number of units or dollar amount you wish to redeem. To keep your account open, please ensure you meet the required minimum balance amount. If your balance after redemption is lower than the minimum we will contact you as we will be unable to process your request.

For Healthcare Property Trust investors, please note there are specific conditions for withdrawal amounts, lodgement and payment times. This information can be found at <https://www.australianunity.com.au/wealth/-/media/rebrandwealth/documents/funds/australianunity/hpt-whole/info-about-hpt-withdrawals.pdf>

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
Healthcare Property Trust (Class A)	AUS0037AU	\$15,000	\$ (Minimum \$1,000)	<input type="checkbox"/>	
Healthcare Property Trust (Retail)	AUS0102AU	\$15,000	\$ (Minimum \$1,000)	<input type="checkbox"/>	
Healthcare Property Trust (Wholesale)	AUS0112AU	\$15,000	\$ (Minimum \$1,000)	<input type="checkbox"/>	

3 Automate withdrawal requests by participating in the carry forward facility – limited power of attorney

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

Do you wish to automate withdrawal requests by participating in the carry forward facility – limited power of attorney?

Tick the box below to automate withdrawal requests by participating in the carry forward facility.

Yes – By agreeing to automate withdrawal requests by participating in the carry forward facility, I acknowledge and agree to the terms of the limited power of attorney set out below.

Pursuant to Part 2 of the Powers of Attorney Act 2014, I/we appoint Australian Unity Funds Management Limited (AUFM) ABN 60 071 497 115 to be my/our attorney in accordance with the terms and conditions of this Withdrawal Request Form and the current PDS of the Trust and authorise AUFM 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) 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 AUFM may consider advisable, desirable or necessary in connection or in relation to this withdrawal request.

By signing this form I/we agree:

- that AUFM 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.
- where I/we have elected to automate withdrawal requests by participating in the carry forward facility, to ratify and confirm whatever AUFM lawfully does under this power of attorney, and be bound, together with any person claiming under or through me/us, by anything AUFM lawfully does in exercising powers under this power of attorney and that this power of attorney begins immediately.
- to have acknowledged and read the Product Disclosure Statement (PDS).
- 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

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

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

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory