

2. Change of distribution payment details for fund(s)

New distribution payment instructions:

Reinvested into additional units, OR

Credited to bank/financial institution as listed:

Name of bank/financial institution

Account name

Bank/financial institution branch name

BSB number

 -

Account number

3. Change of direct debit details for fund(s)

Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are unsure. The financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

I/We request that National Mutual Life Nominees Pty Ltd. (as custodian for Dexus Capital Funds Management Ltd as responsible entity of the Dexus Wholesale Australian Property Fund and Dexus Australian Property Fund), until further notice, debit my/our account detailed below, any amount National Mutual Life Nominees Pty Ltd. (User ID No. 460968 for the Dexus Wholesale Australian Property Fund and User ID No. 460963 for the Dexus Australian Property Fund) may debit or charge me, through the direct debit system.

Account name

Name of financial institution

BSB number

 -

Account number

Branch address

Please note that your nominated account must be an Australian bank, building society or credit union account, not a credit card account.

4. Change of name

From

To

Reason

Certified copy of change of name must be attached.

5. Investor signature(s)

Signatory 1

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signing as (please tick)

<input type="checkbox"/> Individual	<input type="checkbox"/> Executor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Director	
<input type="checkbox"/> Joint investor	<input type="checkbox"/> Partner	<input type="checkbox"/> Sole director	<input type="checkbox"/> Agent	<input type="checkbox"/> Attorney
<input type="checkbox"/> Representative of association/co-operative/government body – please specify position (e.g chairman)				

Signature	Date
<input type="text"/>	<input type="text"/>

Signatory 2

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signing as (please tick)

<input type="checkbox"/> Individual	<input type="checkbox"/> Executor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Director	
<input type="checkbox"/> Joint Investor	<input type="checkbox"/> Partner	<input type="checkbox"/> Sole Director	<input type="checkbox"/> Agent	<input type="checkbox"/> Attorney
<input type="checkbox"/> Representative of association/co-operative/government body – please specify position (e.g chairman)				

Signature	Date
<input type="text"/>	<input type="text"/>

Please post or email your completed form to:

Dexus Capital Funds Management Limited

GPO Box 3993

Sydney NSW 2001

Email: dexus@boardroomlimited.com.au