

Withdrawal cancellation form

Direct property funds

Issuer and responsible entity:

Dexus Capital Funds Management Limited (ABN 15 159 557 721, AFSL 426455), referred to in this form as 'the Responsible Entity', 'Dexus', 'we' or 'us'.

Enquiries:

Please call our Client Services team on 1300 374 029 between 8.30am and 5.30pm Sydney time, Monday to Friday.

1. Investor details

Client number

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Name of investor(s)

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Street number and name

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Suburb

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State

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Postcode

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Email

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Contact number

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2. Name of fund to which request relates

Dexus Wholesale Australian Property Fund
(ARSN 088 996 392)

Dexus Australian Property Fund
(ARSN 096 853 619)

Please complete a separate withdrawal form for each withdrawal request. Dexus will confirm the transaction details once the withdrawal of units has been completed.

3. Withdrawal cancellation details

Please complete either section 3A or 3B or tick the box to cancel your Full withdrawal.

Section 3A - Amount to be retained in the fund

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Amount to be withdrawn

3B - Number of units to be retained in the fund

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Number of units

Cancel full withdrawal

4. Declaration and signature(s)

Important: If you are signing as a trustee, you warrant that, at the time of signing, you are authorised under the relevant trust deed to perform the acts contemplated by this form. If you are signing under power of attorney, you warrant that, at the time of signing, you have not received notice of revocation of that power of attorney. A certified copy of the power of attorney must be given to us with the completed form, unless previously provided.

I/We acknowledge and agree to the maximum extent permitted by law to release, discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.

I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the PDS for the relevant fund in which the units are being withdrawn and the constitution of those funds as amended at the time of the withdrawal, including that this withdrawal request will be cancelled if a wind up of the fund commences.

Signatory 1

Title Surname First name

Signing as (please tick)

Individual Executor Trustee Director
 Joint investor Partner Sole Director Agent Attorney
 Representative of association/co-operative/government body – please specify position (e.g chairman)

Signature Date

Signatory 2

Title Surname First name

Signing as (please tick)

Individual Executor Trustee Director
 Joint investor Partner Sole Director Agent Attorney
 Representative of association/co-operative/government body – please specify position (e.g chairman)

Signature Date

Please post or email your completed form to:

Dexus Capital Funds Management Limited

GPO Box 3993

Sydney NSW 2001

Email: dexus@boardroomlimited.com.au