

Distribution election form

Direct real estate funds

Issuer and responsible entity:

Dexus Capital Funds Management Limited ABN 15 159 557 721, AFSL 426455 referred to in this form as 'the Responsibility 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)

Contact number

Street number and name

Suburb

State

Postcode

2. Name of fund to which request relates to

Dexus Wholesale Australian Property Fund
(ARSN 088 996 392)

Dexus Australian Property Fund
(ARSN 096 853 619)

3. Change of payment details

I/We would like payment:

reinvested into additional units, OR
(investors participating in the Distribution Reinvestment Plan will be awarded 2% additional units*)

credited to bank/financial institution listed below.

Bank/financial institution

Account name

Branch name

BSB number

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Account number

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*All direct investors participating in the Distribution Reinvestment Plan (DRP) will be awarded additional units to the value of 2% of the amount reinvested, which will be funded by Dexus. The additional units will be issued at the time each quarterly distribution is reinvested. Dexus will pay the application price for the additional units and apply for them on your behalf, and the units will be issued to you in your name. The additional units will show on your quarterly statement as an application. If you wish to participate, please use this form to activate the DRP and send it to us at least (3) Business Days before the end of the calendar quarter. A Business Day for us is any day other than a Saturday, Sunday or a bank or public holiday in Melbourne, VIC. The Responsible Entity may decide to withdraw this offer at any time and will provide a notice of the withdrawal to investors.

4. Investor signature(s)

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 form.

Individuals only (investor or attorney)

If the investment is registered in the name of joint investors, each investor must sign unless you authorised 'any' investor to sign in the 'account operating instructions for joint accounts' option in the original application form.

Trustees for a partnership, superannuation fund or person under the age of 18 years must sign.

Signatory 1

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatory 2

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Companies only

This document was executed in accordance with the company's constitution and the Corporations Law.

Signatory 1

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Office held (e.g director/secretary/attorney)	Contact number	
<input type="text"/>	<input type="text"/>	
Signature	Date	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatory 2

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Office held (e.g director/secretary/attorney)	Contact number	
<input type="text"/>	<input type="text"/>	
Signature	Date	Contact number
<input type="text"/>	<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