



Office use only

dexus

# Legal Disability Form

## Dexus Wholesale Australian Property Fund/Dexus Australian Property Fund

**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 Investor Services on 1300 374 029 between 8:30am and 5:30pm Sydney time, Monday to Friday.

**Form:** This document can be used for investors seeking to make a withdrawal based on a Legal Disability Event from either the Dexus Wholesale Australian Property Fund ARSN 088 996 392 OR the Dexus Australian Property Fund ARSN 096 853 619, each a "Fund" and together the "Funds".

**INFORMATION - Please read this information carefully prior to completing the form.**

The Responsible Entity may consider withdrawal requests received from a direct investor or their personal representative (as the case may be) where it is established that the direct investor has suffered a legal disability event. Indirect investors (or their personal representative) may request their master trust, platform operator or feeder fund to make a withdrawal request based on the same criteria.

By completing this form and returning it with your supporting documentation, you or your personal representative (as the case may be) may apply to have a claim to withdraw from the applicable Fund based on a legal disability event.

Limits apply, including a maximum amount for an individual claim being \$500,000.

The Responsible Entity can only approve a legal disability withdrawal application if sufficient liquid assets will remain in the Fund for its day-to-day operation and to do so would not otherwise adversely affect the remaining unitholders.

The categories of legal disability include:

1. the death of a unitholder; or
2. in the case of joint unitholders, the death of the last joint unitholder; or
3. in the case of a unitholder that is a trustee of a self-managed superannuation fund (SMSF), the death of the last unitholder of that SMSF; or
4. the unitholder becoming bankrupt; or
5. the unitholder becoming totally and permanently disabled; or
6. in the case of a unitholder which is a corporation other than an SMSF, the appointment of a liquidator for the purpose of winding up the corporation's affairs and distributing its property.

Applications to withdraw because of a legal disability event will be assessed on a monthly basis and will not be subject to the payment time restrictions or other payment limits which apply to other withdrawal requests.

The Responsible Entity generally aims to consider applications to withdraw because of a legal disability event which are submitted before the 15th of the month (or the next Business Day, if the 15th of the month falls on a day that is not a Business Day) within 10 Business Days after this time. If the Responsible Entity determines to accept a legal disability withdrawal request, units that are the subject of the request will be converted to a new class of unit. The Responsible Entity aims to process the redemption of the new class of unit and make the withdrawal payment within 30 Business Days after the relevant application is accepted by the Responsible Entity. A Business Day for us is any day other than Saturday, Sunday or a bank or public holiday in Sydney, NSW.

Indirect investors should contact their financial adviser, master trust or platform operator if they wish to make a withdrawal based on a Legal Disability Event.

### Additional evidence

You must provide evidentiary documentation to support your application. The type of supporting documentation you may need to provide is dependent upon the Legal Disability Event that has occurred, as outlined in this document.

### Statutory declaration

To apply for the withdrawal of your investment based on a Legal Disability Event, you may be required to sign the Statutory Declaration which is part of this document. The Statutory Declaration requires you to attest to the truth and accuracy of the information that you have provided. This document forms part of the evidence that we will review in deciding whether to approve your application.

## Privacy

The information collected from you in this form is for the purpose of your Legal Disability application and will be used as outlined within the Privacy Notice below (refer to 'Privacy Statement') and in accordance with the Privacy Policy, which can be obtained online at [www.dexus.com/privacy-policy](http://www.dexus.com/privacy-policy) or by contacting us to request a copy.

### Privacy Statement

Your personal information is collected in this form by Dexus Capital Funds Management Limited (ABN 15 159 557 721) (AFSL 426455), the responsible entity of the Funds. The responsible entity is part of the Dexus Group. The information requested in this Legal Disability form is required to assess and process your application. There are some instances where additional information will be required, and this will be clearly communicated at the time where needed. Some sensitive information (e.g. health information) may be collected as part of this process as it is required to assess your Legal Disability application. We only collect and use personal information that is reasonably necessary for this process. Your sensitive information will not be used for any other purpose without your consent or were required by law. If we do not collect all the required personal information, we may be unable to process your application. To enable us to provide this service to you and to comply with relevant laws, we may need to share your personal information with third parties, professional advisors where applicable, and other entities within the Dexus Group who supply administrative, financial or other relevant services. Some of these entities may be located overseas in regions including Asia Pacific and Europe. For more information about how we manage your personal information, your privacy rights or how to lodge a privacy complaint. For more information about how we manage your personal information, your privacy rights or how to lodge a privacy complaint, please contact Investor Services on 1300 374 029 or refer to our Privacy Policy at [www.dexus.com/privacy-policy](http://www.dexus.com/privacy-policy).

### Further information

We may request further information from you after reviewing your application. It may not be possible for us to make a decision until all of the information and evidence sought has been provided. This may result in further time being required to complete the decision-making process.

# Investor and Investment Details

## 1. Name of fund which request relates

<input type="checkbox"/>	Dexus Wholesale Australian Property Fund (ARSN 088 996 392)	<input type="checkbox"/>	Dexus Australian Property Fund (ARSN 096 853 619)
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Please complete a separate withdrawal form for each withdrawal request. Dexus will confirm the transaction details once the withdrawal of units has been completed.

## 2. Investor details

Please note if you have a financial adviser, we will contact them in the first instance.

Name of investor(s)

Contact Number

Email

## 3. Adviser details

Name of adviser

Email

Contact number

Adviser code

## 4. Investment details

**Direct Investors** – Please provide your Dexus Wholesale Australian Property Fund or Dexus Australian Property Fund client number.

Client Number

**Platform Investors** (if applicable)

Name of platform through which you are invested

Platform – Client Number (in Dexus fund)

Investor – Account Number (in master trust or platform)

# Eligibility and Documentation

Category	Tick applicable	Holding Type	Eligibility	Documentation
Death of a unitholder (or indirect investor)	<input type="checkbox"/>	Individual or last joint unitholder (or joint indirect investors)	<ul style="list-style-type: none"> <li>an individual unitholder is deceased; or</li> <li>units are held jointly and all unitholders are deceased</li> <li>probate has been granted</li> </ul>	<ul style="list-style-type: none"> <li>Legal Disability form – signed by the executor or public trustee</li> <li>Additional documentation: <ul style="list-style-type: none"> <li>a certified copy of a primary form of identification for the executor of the estate; and</li> <li>certified copy of Grant of Probate, or hyperlink to original Grant of Probate issued electronically by the Court, or certified copy of Letters of Administration; and</li> <li>s1071B form (if applicable – this is only relevant if probate is obtained outside NSW (where the units are registered) to ensure that probate has not been applied for in more than one state or territory).</li> </ul> </li> </ul>
	<input type="checkbox"/>	Individual or joint holdings – probate has not been granted and value of units less than or equal to \$20,000	<ul style="list-style-type: none"> <li>an individual unitholder is deceased; or</li> <li>units are held jointly and all unitholders are deceased</li> <li>units have a value equal to or less than \$20,000</li> <li>probate has not been granted</li> </ul>	<ul style="list-style-type: none"> <li>Legal Disability form – signed by the executor or public trustee</li> <li>Additional documentation: <ul style="list-style-type: none"> <li>a certified copy of a primary form of identification for the executor of the estate; and</li> <li>certified copy of death certificate; and</li> <li>certified copy of will; and</li> <li>small estate indemnity form; and</li> <li>a statutory declaration stating that probate has not been requested in any state and no one is contesting the will.</li> </ul> </li> </ul>
	<input type="checkbox"/>	SMSF holdings	<ul style="list-style-type: none"> <li>the unitholder is an SMSF with individual trustees, the beneficiaries are named, and all members of the SMSF are deceased; or</li> <li>the unitholder is an SMSF with a corporate trustee, the beneficiaries are named, and all beneficiaries are deceased</li> </ul>	<ul style="list-style-type: none"> <li>Legal Disability form – signed by the unitholder's Personal Representative</li> <li>Additional documentation: <ul style="list-style-type: none"> <li>certified copy of death certificate of all members/beneficiaries; and</li> <li>certified copy of the trust deed naming the members/beneficiaries.</li> </ul> </li> </ul>
Unit holder (or indirect investor) becomes totally and permanently disabled	<input type="checkbox"/>	Individual	<ul style="list-style-type: none"> <li>individual unitholder is totally and permanently disabled</li> </ul>	<ul style="list-style-type: none"> <li>Legal Disability form – signed by the unitholder or their Personal Representative</li> <li>Additional documentation: <ul style="list-style-type: none"> <li>certified statements from at least two medical practitioners (at least one of whom must be a specialist) confirming that the unitholder has ceased gainful employment by reason of mental or physical ill health, and that the unitholder is unlikely ever again to engage in gainful employment of the type for which the person is reasonably qualified by education, training or experience.</li> </ul> </li> </ul>
Unitholder (or indirect investor) becomes bankrupt	<input type="checkbox"/>	Individual	<ul style="list-style-type: none"> <li>an individual unitholder has become bankrupt</li> </ul>	<ul style="list-style-type: none"> <li>Legal Disability form – signed by the unitholder or their Personal Representative</li> <li>Additional documentation: <ul style="list-style-type: none"> <li>certified copy of a sequestration order made by a Court in respect of the relevant unitholder (or equivalent order made in any other jurisdiction); or</li> <li>certified copy of a letter from the Australian Financial Security Authority (AFSA) confirming the unitholder's bankruptcy status.</li> </ul> </li> <li>Where the Legal Disability form is submitted by a unitholder's Personal Representative (eg, a trustee in bankruptcy), the applicant must provide proof of their authority to act in that capacity, eg: <ul style="list-style-type: none"> <li>certified copy of a letter from AFSA confirming the appointment of the applicant as the unitholder's trustee in bankruptcy; or</li> <li>a certified extract from the National Personal Insolvency Index confirming the appointment of the applicant as the unitholder's trustee in bankruptcy.</li> </ul> </li> </ul>

Corporate windup	<input type="checkbox"/>	Corporate	<ul style="list-style-type: none"> <li>the member is a corporation and a liquidator has been appointed for the purpose of winding up the corporations' affairs and distributing property, except upon a members' voluntary winding up of the corporation.</li> </ul>	<ul style="list-style-type: none"> <li>Legal Disability form – signed by the unitholder or the relevant liquidator; and <ul style="list-style-type: none"> <li>certified copy of a resolution passed under section 499 of the Corporations Act appointing the relevant liquidator; or</li> <li>certified copy of a Court order appointing the relevant liquidator for the purpose of winding up the company's affairs and distributing its property; or</li> <li>certified copy of a notice from ASIC appointing the relevant liquidator for the purpose of winding up the company's affairs and distributing its property; or</li> <li>certified extract from the ASIC registry showing that the relevant unitholder is in liquidation, and the name of the person who has been appointed as a liquidator for the purpose of winding up the company's affairs and distributing its property.</li> </ul> </li> </ul>
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### Documentation Requirements and Declaration

Any Legal Disability form executed by an attorney acting pursuant to a Power of Attorney must include a statement that the attorney has not received a notice of revocation of their Power of Attorney. A certified copy of the Power of Attorney needs to be sighted by the Registry. By completing and returning the relevant form the unitholder or their Personal Representative (as the case may be) is electing to convert and redeem all units held by the unitholder who has suffered the relevant Legal Disability Event. The redemption of units is not guaranteed in any way.

The form requires the unitholder or their Personal Representative (as the case may be) to declare that all statements in the Legal Disability form are complete and accurate; accept the terms and conditions of the Legal Disability form and appoint the Responsible Entity as its agent to do all things necessary, including converting units to a different unit class, executing any other document, to effect the redemption of units in accordance with the Legal Disability form; declare that the Person's Representative is over 18 years of age and has full legal capacity and power to perform all its rights and obligations under the Legal Disability form (unless the Legal Disability form has been submitted by the unitholder themselves); acknowledge that once the Registry receives this form, the unitholder or their Personal Representative (as the case may be) may only withdraw it or vary it by submitting a request in writing with the approval of the Responsible Entity required; represent and warrant that its units are free from any encumbrance; and acknowledge that the information contained in the Legal Disability form is not financial advice or a recommendation that the redemption of units is suitable for the unitholder or their Personal Representative (as the case may be), given their investment objectives, financial situation or particular needs.

# Signatures

**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.
- I/We make this declaration under the Statutory Declaration Act 1959 (Cth) and am subject to the penalties provided in that Act for any false statements in this declaration.

## Authorised Signatory 1

Name of Signatory

Signing as (please tick and specify position):

<input type="checkbox"/>	Legal unit holder	<input type="text"/>
<input type="checkbox"/>	Adviser	<input type="text"/>
<input type="checkbox"/>	Executor	<input type="text"/>
<input type="checkbox"/>	Public Trustee	<input type="text"/>
<input type="checkbox"/>	Personal representative of unit holder	<input type="text"/>
<input type="checkbox"/>	Appointed liquidator	<input type="text"/>

Signature

Date (dd/mm/yyyy)

## Requirement for a witness

If a statutory declaration is being made, the signature must be properly witnessed.

A statutory declaration stating that probate has not been requested in any state and no one is contesting the will is required in circumstances where a unitholder has died, probate has not been granted and value of units less than or equal to \$20,000.

## Signature of witness

(who must appear on the below statutory declaration signatory list)

Signature

Date (dd/mm/yyyy)

Declared at (place)

**Authorised Signatory 2**

Name of Signatory

Signing as (please tick and specify position):

<input type="checkbox"/>	Legal unit holder	
<input type="checkbox"/>	Adviser	<input type="text"/>
<input type="checkbox"/>	Executor	<input type="text"/>
<input type="checkbox"/>	Public Trustee	<input type="text"/>
<input type="checkbox"/>	Personal representative of unit holder	<input type="text"/>
<input type="checkbox"/>	Appointed liquidator	<input type="text"/>

Signature

Date (dd/mm/yyyy)

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

**Requirement for a witness**

If a statutory declaration is being made, the signature must be properly witnessed.

A statutory declaration stating that probate has not been requested in any state and no one is contesting the will is required in circumstances where a unitholder has died, probate has not been granted and value of units less than or equal to \$20,000.

**Signature of witness**

(who must appear on the below statutory declaration signatory list)

Name of Witness	Category of Witness
<input type="text"/>	<input type="text"/>

Address of Witness

Signature

Date (dd/mm/yyyy)

Declared at (place)

## Statutory Declaration Signatory List

Under the Statutory Declarations Act 1959 a statutory declaration must be made in the presence of one of the following:

A person who is currently licensed or registered under a law to practise in one of the following occupations: Chiropractor, Dentist, Legal practitioner, Medical practitioner, Nurse, Optometrist, Patent attorney, Pharmacist, Physiotherapist, Psychologist, Trade marks attorney, Veterinary surgeon.

A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).

A person from the following list:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank officer, building society officer or credit union officer with 5 or more continuous years of service
- Chief executive officer of a Commonwealth court, clerk of a court, Judge of a court, Magistrate or Master of a court, Registrar or Deputy Registrar of a court
- Commissioner for Affidavits or Commissioner for Declarations
- Employee of the Australian Trade Commission or employee of the Commonwealth who is in a country or place outside Australia; and authorised under paragraph 3(d) or 3(c) of the Consular Fees Act 1955; and exercising his or her function in that place
- Finance company officer with 5 or more years of continuous service Justice of the Peace
- Marriage celebrant or Minister of religion registered under Subdivision C or Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Member of Chartered Secretaries Australia, Member of Engineers Australia (other than at the grade of student), Member of the Association of Taxation and Management Accountants, Member of the Australasian Institute of Mining and Metallurgy, Fellow of the National Tax Accountants' Association, Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of the Australian Defence Force who is: an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or a warrant officer within the meaning of that Act,
- Member of: the Parliament of the Commonwealth; or the Parliament of a State; or a Territory legislature; or a local government authority of a State or Territory
- Notary public
- Permanent employee of the Australian Postal Corporation, the Commonwealth or a Commonwealth authority, a State or Territory authority, or a local government authority not specified in this list, with 5 or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Senior Executive Service employee of: the Commonwealth or a Commonwealth authority; or a State or Territory or a State or Territory authority
- Sheriff or Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Holder of a statutory office not specified in another item in this list.

## Submitting your Legal Disability form

Please post or email your form together with supporting documentation to:

Dexus Capital Funds Management Limited  
GPO Box 3993  
Sydney NSW 2001  
Email: [dexus@boardroomlimited.com.au](mailto:dexus@boardroomlimited.com.au)



## CONTACT DETAILS

### **Mailing address**

Boardroom Pty Limited  
GPO Box 3993  
Sydney NSW 2001

### **Investor Services and Unit Registry**

Boardroom Pty Limited  
GPO Box 3993  
Sydney NSW 2001  
T: (in Australia) 1300 374 029  
T: (International) +61 2 9290 9600  
E: [dexus@boardroomlimited.com.au](mailto:dexus@boardroomlimited.com.au)  
W: [www.dexus.com](http://www.dexus.com)