

Investor Details

APN Fund name Investor number

Investor name | Trust name | Company registered name | Partnership name

Income Distribution Election | Select ONE of the following distribution options below

I would like to update my existing income distribution election to the following option:

Option 1 Reinvested in the fund

Option 2 Credited to nominated bank account | please complete your bank account details below

Name of financial institution Account name

Branch number (BSB) - Account number

Option 3 Combination of Option 1 and Option 2 | enter amount (AUD) or percentage

Maximum reinvested in the fund | remainder will be paid into your nominated bank account \$ %

Maximum credited to nominated bank account | remainder will be reinvested in the fund \$ %

total = 100%

Name of financial institution Account name

Branch number (BSB) - Account number

Declaration and Signature(s) | joint applicants must both sign

- I/We declare that:
- All details provided by me/us in this Form are true and correct.
 - If I/we have received the Form from the internet or other electronic means that I/we received it personally or a printout of it, accompanied by or attached to this Form.
 - If this is a joint investment, each of us agrees, unless otherwise indicated on this Form, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawal by any available method.
 - I will provide to APN Funds Management (APN FM) or its nominee any information that APN FM reasonably requires in order to enable APN FM to comply with all its obligations under the Anti-Money Laundering Counter-Terrorism Financing Act 2006 and its associated rules (in force from time to time).
 - If investing as trustee on behalf of a superannuation fund or trust I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
 - I/we acknowledge that APN FM and its related bodies corporate may disclose and use personal information as contemplated in the current PDS under the heading "Privacy".
 - I/we acknowledge and agree that electronic instructions will be treated as contemplated in the current PDS under the heading "Electronic Instructions".
 - If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless APN FM have already sighted it).
 - SOLE SIGNATORIES signing on behalf of a company confirm that they are signing as either a director or sole director and sole secretary of the company by ticking the relevant box.

<p>Name of Investor A Trustee Company Director (please print)</p> <input type="text"/> <p>Signature of Investor A Trustee Company Director</p> <input type="text"/> <p>Director <input type="checkbox"/> Sole director <input type="checkbox"/> Sole secretary <input type="checkbox"/> Date <input type="text"/></p>	<p>Name of Investor B Trustee Company Director/Secretary (please print)</p> <input type="text"/> <p>Signature of Investor B Trustee Company Director/Secretary</p> <input type="text"/> <p>Director <input type="checkbox"/> Sole director <input type="checkbox"/> Sole secretary <input type="checkbox"/> Date <input type="text"/></p> <p>Company seal (if company or trust)</p> <input type="text"/>
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Please forward this completed Application Form to:

APN Property Group Limited
 PO Box 18011, Melbourne Collins Street East, Victoria 8003
 Investor Services: 1800 996 456 Adviser Services: 1300 027 636
 Email: apnpg@apngroup.com.au Fax: (03) 8656 1010
 Website: apngroup.com.au