

Client Services contact details  
Phone: 1300 997 774 | International: +(61) 3 9616 8687

Send your form by email: [australianunitywealth\\_transactions@unitregistry.com.au](mailto:australianunitywealth_transactions@unitregistry.com.au) Email  
enquiries: [australianunitywealth@unitregistry.com.au](mailto:australianunitywealth@unitregistry.com.au)

## Additional Application Form

Use this form if you are an existing investor and wish to make an additional investment.

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid, cross out your mistake and initial your changes.

### HOW TO COMPLETE THIS FORM

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**Step 1** Read and ensure you understand the applicable Product Disclosure Statement (PDS) for the Fund you are making an additional investment in.  
The PDS is available on our website [www.australianunity.com.au/wealth](http://www.australianunity.com.au/wealth). If you are unable to access the link or print the document, contact us on 1300 997 774.

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**Step 2** Please ensure you have completed the following:

- written your account number and account name as it appears on the latest statement
- written the amount in Australian dollars
- selected the payment method you would like to use
- signed the form as per the 'Signing instructions' in **section 5**

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**Step 3** Send your documents to us.  
You can return your forms by post or email according to the details below:  
Send by post:  
Australian Unity  
GPO Box 804  
Melbourne VIC 3001  
  
Scan and email to: [australianunitywealth\\_transactions@unitregistry.com.au](mailto:australianunitywealth_transactions@unitregistry.com.au)

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**Step 4** Transfer your application money to us.  
Please refer to **section 4** 'Payment of application amount'.

## SECTION A: Investor Assessment

The following questions may assist Australian Unity in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

The below only needs to be answered where you are a direct retail investor (i.e. does not apply to indirect or intermediated investments such as those made by platforms, custodians, etc).

**Have you received personal financial advice in relation to this application to the Australian Unity Healthcare Property Trust and is this application necessary to implement such personal financial advice?**

☐ Yes - please continue to **Section B: Investor Details** and complete the Financial Adviser Details section.

☐ No - please complete the questions below:

**Please read and answer the following questions carefully:** It is important for you to consider if the fund you are applying to invest in is in line with your needs and objectives for the portion of your investment portfolio that you intend to invest in this fund. In other words, the questions below should be answered having regard to what you are seeking from this particular investment - not what you may be seeking more generally from your overall investment portfolio as a whole.

All financial products provide different features, objectives, risks and return profiles.

You can understand more about the specific objectives and outcomes that the fund seeks to accomplish and to determine whether the fund is appropriate for your needs by consulting the fund's PDS.

The following questions assist the issuer in meeting its regulatory obligations by enabling it to assess whether the selected fund is being offered to the stated target market. We reserve the right to refuse your application.

### Additional Information required

Thanks for your interest in the Australian Unity Healthcare Property Trust. Your responses to the following questions will help indicate to us whether you are within the specific target market for this product. If the responses provided indicate to us that you are outside of the target market for this product, we are required to reject the application. You will be provided notification if this is the outcome.

- 1. Please confirm that you have read and understood the product disclosure statement (PDS) in its entirety and answer the following questions (we cannot proceed with your application unless these are completed):**

I have read and understood the [PDS](#)

### PDS knowledge check:

#### A. What are the typical investments the Trust invests into?

Generally, highly liquid investments (such as cash, stocks or ETFs)

Generally, illiquid investments (such as direct real estate, private equity or venture capital)

Generally, moderately liquid investments (such as bonds or other investment trust vehicles)

#### B. How often are distributions paid from the Trust?

Monthly

Guaranteed quarterly

Generally quarterly, but not guaranteed to be available every quarter as income is first used to meet the interest expenses on borrowings, management fees, property-related expenses and ongoing Trust expenses.

#### C. Which of the following best describes the withdrawal frequency from the Trust?

Withdrawal opportunity usually offered quarterly, but subject to a capped amount (meaning full withdrawals are not guaranteed and can be scaled back potentially taking up to 12 months or longer for withdrawal proceeds to be paid.) Full withdrawals paid quarterly

Full withdrawals paid quarterly

Full withdrawals paid monthly

**D. Which of the following best describes the value of property investments?**

- Property investments always increase in value
- Property investments never decrease in value
- The value of property investments can increase or decrease dependent on a diverse range of macro and microeconomic factors and are only revalued intermittently.

**E. The Trust utilizes a combination of equity provided by investors, and borrowings from lenders, to achieve the investment objective. The effect of borrowing can increase the magnitude of gains or losses on my investment.**

- True
- False

**2. What is your investment objective in applying to invest in the Trust? (tick all that apply)**

- Income distributions
- Capital growth
- Capital preservation

**More Information**

**What is an income distribution?**

An income distribution is the periodic payment of income generated from the Trust's assets, and paid to its investors.

**What is capital growth?**

Capital growth in an investment is the increase in value of an investment over time.

**What is capital preservation?**

Capital preservation in an investment is aimed at minimizing fluctuations in both the value and the potential for loss in your investment.

**3. What percentage of your total investable assets, excluding your residential home, do you intend to allocate to the Healthcare Property Trust in total as part of your diversified portfolio of investable assets?**

Please enter a percentage up to 100%: %

Please provide your intended investment amount: \$

**More Information**

**What are investable assets?**

Investable assets are the financial resources you have available for investment purposes, excluding your primary residence and the money you need for daily living expenses; for example, bills, and mortgage payments. Depending on the type of investor you are, the total amount of investable assets may also be impacted by other considerations, such as your specific requirements around liquidity, tax, diversification, financial planning, risk management and regulatory requirements.

**What is diversification?**

Diversification is typically achieved by spreading your investable assets across different asset classes and sectors. The aim of diversification is typically to lower your overall portfolio's risk, in some cases by limiting exposure to the performance of any individual investment type, and achieving more stable returns. It is important to consider diversification when building an investment portfolio.

**4. Which of the following best describes your tolerance for risk and return as it relates to your total investment in the Trust (having regard to your response to the question immediately above):**

Low – For my investment in the Trust I do not want to risk losing any money. I want to keep my investment as safe as possible, even if it means earning a lower return.

Medium – For my investment in the Trust, I accept that I could lose some money and/or not receive income payments, but I prefer it to be minimal because I'm comfortable with a moderate return.

High – For my investment in the Trust, I accept that I could lose some or all my money and/or not receive income payments, but I'm aiming for higher returns and am willing to take on more risk to maximise my returns.

**More information**

**What is risk and return?**

Risk in relation to an investment refers to the possibility of losing some or all of the invested capital or not achieving the expected return on investment.

**5. What is your intended timeframe for investing in the Trust?**

Enter a number of years:

**6. While the Trust is liquid, the Trust provides a capped quarterly withdrawal facility. When this cap is met, investors withdrawal requests are scaled back to the capped level. This could mean it might take several quarters (even years in certain situations) to receive the full value of your withdrawal, while each period is subject to the cap.**

**Are you comfortable investing in Trust knowing that the access to your money may be constrained in these scenarios.**

Yes

No

**7. Would you be able to meet your ongoing financial obligations and commitments if you are not able to make a withdrawal from your investment?**

Yes

No

**8. Would you be able to meet your ongoing financial obligations and commitments if you were not to receive income distributions at the usual frequency or the amounts received are paid at variable levels?**

Yes

No

**More Information**

**Withdrawal Limit:** Total withdrawal up to 2.5% of the net value of the unit class each quarter. This may change at the Trust's discretion.

**Pro-rata Payments:** If requests exceed the limit, payments will be made on a pro-rata basis. You'll need to reapply for future withdrawals.

**Request Deadlines:** Submit withdrawal requests by 3:00 PM on the 28th of February, May, August, or November (or the next business day if the 28th is not a business day).

**Payment Timing:** Payments will usually be made within five days after the quarter ends.  
More information on withdrawals can be found [here](#).

## Section B: Financial Adviser Details

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

### Details

AFSL holder name

AFSL number

Adviser name

Advisor code or Authorised representative number

ABN

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode Country

Phone

Mobile

### Performance of investor identification & verification procedures

Please indicate below whether client identification and verification procedures have been performed.

No - I have not performed the applicable customer identification procedure on this investor.

Yes - I have completed the applicable customer identification procedure on this investor.

### Financial adviser declaration

**Notice to financial adviser:** please note that reliance on the KYC performed by the financial advisor is only acceptable if all the criteria below is met.

- ☐ I hold an AFSL in my own name or have been appointed as an authorised representative by the licensee.
- ☐ I am a reporting entity for AML/CTF purposes.
- ☐ The issuer has reasonable grounds to believe that it is appropriate to rely on the KYC procedure I have undertaken.
- ☐ I have attached the KYC documents to this form.

AFSL full legal entity name

AFSL number

### By submitting this application on behalf of my client I attest that:

- (a) I have provided personal financial advice to my client in relation to the financial product sought to be acquired by this application; and
- (b) the issuance of the financial product sought to be acquired by this application is necessary to implement that personal financial advice.

Please print full name

Signature

## 1. INVESTOR DETAILS

Account number

Investor name

## 2. INVESTMENT DETAILS AND DISTRIBUTION INSTRUCTIONS

Please specify the amount(s) you wish to invest.

If you have received current personal financial advice and provided your financial adviser's details then you may invest in any fund in the list.  
Or if you qualify as a Wholesale Client and provided supporting documentation then you may invest in any fund in the list.  
However, if you have not received current personal financial advice or do not qualify as a Wholesale Client then you are only able to add to your existing funds.

| Fund Name                                                    | APIR      | Investment<br>amount AUD\$ | Distribution Option<br>(indicate preference with an X) |                          |
|--------------------------------------------------------------|-----------|----------------------------|--------------------------------------------------------|--------------------------|
|                                                              |           |                            | Pay to my<br>bank a/c                                  | Reinvest                 |
| Australian Unity Healthcare Property Trust - Wholesale Units | AUS0112AU | <input type="text"/>       | <input type="checkbox"/>                               | <input type="checkbox"/> |
| Australian Unity Healthcare Property Trust - Class A Units   | AUS0037AU | <input type="text"/>       | <input type="checkbox"/>                               | <input type="checkbox"/> |

### 3. OTHER INSTRUCTIONS

If you wish to change your other instructions (such as your reporting preferences, Financial Adviser information, or contact details), please complete the relevant form, available from our website [www.australianunity.com.au/wealth/forms](http://www.australianunity.com.au/wealth/forms).

### 4. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

☐ EFT ☐ Direct Debit ☐ BPay®

| EFT             | Electronic Funds Transfer                                               |
|-----------------|-------------------------------------------------------------------------|
| Account name:   | OFS ARF Australian Unity Funds Management Ltd Application Trust Account |
| BSB:            | 083-001                                                                 |
| Account number: | 765189036                                                               |
| Your reference: | μρξτσζ ηθα ς'γξ ωτψξ υū υ'γξ ηωφξσυūο ιρς ηωφξσυūο ωηψδξο               |

#### Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

We use OneVue Fund Services Pty Ltd as our external service provider to process your application and payment. By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this request and in your Direct Debit Request Service Agreement.

Financial institution name

Branch name

Account name

BSB number

Account number

I/We request and authorise OneVue Fund Services Pty Ltd as agent for Australian Unity Funds Management Limited ABN 60 071 497 115 (User ID 623200 ) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature of primary account holder

Please print full name

Date signed (DD/MM/YYYY)

Signature of joint account holder (if applicable)

Please print full name

Date signed (DD/MM/YYYY)

**BPAY® – Telephone & internet banking**

| <p>You can make your payment using telephone or internet banking.</p> <p>You will need to quote the biller code and your account number (for reference) when making this payment.</p> <p>If this is a new investment, we will notify you of your account number once this is available. Please make your payment within 14 days of this notification.</p> | Fund        | BPAY details                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                           | [Fund name] |  Biller code [insert]<br>Reference number [account number] |
| <p>Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account. More info <a href="http://www.bpay.com.au">www.bpay.com.au</a></p> <p>*Registered to BPAY Pty Ltd ABN 69 079 137 518</p>                                                                                                      |             |                                                                                                                                               |

| Fund name                                                    | BPAY® details                                            |
|--------------------------------------------------------------|----------------------------------------------------------|
| Australian Unity Healthcare Property Trust - Wholesale Units | Biller code: 349902<br>Reference number: Investor number |
| Australian Unity Healthcare Property Trust - Class A Units   | Biller code: 349910<br>Reference number: Investor number |

## 5. SIGNING INSTRUCTIONS

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS
- monies deposited are not associated with crime, money laundering or terrorism financing, nor will monies received from your account have any such association
- you are not bankrupt or a minor
- you agree to be bound by the constitution of the Fund and the PDS as a supplemented, replaced or re-issued from time to time, and
- if you are a Wholesale Client, you have/will provide Australian Unity with valid supporting documentation.

Individual - where the investment is in one name, the account holder must sign.

Joint Holding - where the investment is in more than one name, all of the account holders must sign.

Companies - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust –the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Signature

Please print full name

Date signed (DD/MM/YYYY)

Company officer (please indicate company capacity)

Director ☐

Sole Director and Company Secretary ☐

Authorised Representative ☐

Signature of investor 2, director/company secretary or authorised signatory

Signature

Please print full name

Date signed (DD/MM/YYYY)

Company officer (please indicate company capacity)

Director ☐

Company Secretary ☐

Authorised Representative ☐