

Changing your personalised fee structure

Issuer and responsible entity:

The Trust Company (RE Services) Limited (ABN 45 003 278 831, AFSL 235150) is the issuer and responsible entity.

Investment manager:

Dexus Funds Management Limited (ABN 24 060 920 783, AFSL 238163) referred to in this form as '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.

This form allows you and your financial adviser to negotiate a change to any part of the personalised fee structure on your investment account.

1. Investor details

Client number

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Investor name(s)

Address

Suburb

State

Postcode

Email

Contact number

2. Fees agreed with your adviser

Information about advice fees is provided in the 'Fees and other costs' section of the relevant PDS.

Ongoing advice fee

Please indicate the monthly ongoing advice fee agreed with your financial adviser. The fee you indicate will be inclusive of GST.

 %

OR

\$.

If you do not indicate an amount, an ongoing advice fee of 0.0% will be assumed.

3. Declaration and signature(s)

I/we declare that:

- I/We have read and understood the information in the current PDS(s) relating to the Ongoing Advice Fee.
- I/We have agreed with my/our financial adviser the changes to my/our personalised fee structure specified above and request Dexus to give effect to the fee changes.
- I/We agree that Dexus may deduct the fees specified above from any payment due to me/us or redeem the number of units required to meet those fees.
- I/We confirm that the changes agreed only relate to the services my/our financial adviser provides for my Dexus investment account, and not to other advice/services my financial adviser is also providing to me.
- 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.
- I/We acknowledge that this request is subject to the terms and conditions set out in the PDS for the relevant fund and the constitution of those funds as amended, including that this request will be cancelled if a wind up of the fund commences.

Signatory 1

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

Signing as (please tick)

| | | | | |
|--|--------------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole trader | <input type="checkbox"/> Trustee | <input type="checkbox"/> Director | |
| <input type="checkbox"/> Joint investor | <input type="checkbox"/> Partner | <input type="checkbox"/> Sole director | <input type="checkbox"/> Agent | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Representative of association/co-operative/government body – please specify position (e.g chairman) | | | | |

| | |
|----------------------|----------------------|
| Signature | Date |
| <input type="text"/> | <input type="text"/> |

Signatory 2

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

Signing as (please tick)

| | | | | |
|--|--------------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole trader | <input type="checkbox"/> Trustee | <input type="checkbox"/> Director | |
| <input type="checkbox"/> Joint investor | <input type="checkbox"/> Partner | <input type="checkbox"/> Sole director | <input type="checkbox"/> Agent | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Representative of association/co-operative/government body – please specify position (e.g chairman) | | | | |

| | |
|----------------------|----------------------|
| Signature | Date |
| <input type="text"/> | <input type="text"/> |

4. Financial adviser details (adviser use only)

Financial adviser name

Adviser code

Contact number

Dealer group

Company name

Ongoing advice fee

Is your supply of advice to your client GST-free?

Yes

No

If 'Yes', please specify why the supply is GST-free.

If an Ongoing Advice Fee has been agreed and indicated in Section 3 of this form, I agree and confirm that:

1. The Ongoing Advice Fee is payable in respect of my supply of advice to the Investor(s) identified in Section 1.
2. Dexus will act as my agent in making the supply of that advice.
3. For the purposes of GST law, Dexus will be treated as making supplies to the Investor(s) and I will be treated as making corresponding supplies to Dexus.
4. Dexus will, where appropriate, issue tax invoices and adjustment notes relating to the supplies to the Investor(s) and I will not issue tax invoices and adjustment notes relating to those supplies.
5. Points 2, 3 and 4 above will cease to have effect if either I or Dexus cease to be GST registered.

In accordance with section 153B of the A New Tax System (Goods and Services Tax) Act 1999, I will be treated as making supplies to Dexus in return for the Annual Ongoing Advice Fee and this will be included on the Recipient - Created Tax Invoice Dexus will issue when it pays me.

5. Financial adviser signature

I declare that:

- I have disclosed to my client, the Investor(s) identified in Section 1, all relevant information relating to the Ongoing Advice Fee and agreed with my client the changed personalised fee structure specified above.
- The changes agreed only relate to the services I provide to my client for this Dexus investment account.
- I request Dexus to give effect to the fee changes specified above.

Financial adviser signature

Print name

Date

Please post or email your completed form to:

Dexus Funds Management Limited

GPO Box 3993

Sydney NSW 2001

Email: dexus@boardroomlimited.com.au