

## RESOLUTION CAPITAL FUNDS

# FUND FORMS

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### RESOLUTION CAPITAL GLOBAL PROPERTY SECURITIES FUND

ARSN 128 122 118

### RESOLUTION CAPITAL CORE PLUS PROPERTY SECURITIES FUND

ARSN 131 850 363

### RESOLUTION CAPITAL GLOBAL PROPERTY SECURITIES FUND (HEDGED) - SERIES II

ARSN 118 190 542

### RESOLUTION CAPITAL GLOBAL PROPERTY SECURITIES FUND (UNHEDGED) - SERIES II

ARSN 118 076 529

### RESOLUTION CAPITAL CORE PLUS PROPERTY SECURITIES FUND - SERIES II

ARSN 087 719 917

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These Fund Forms relate to the Product Disclosure Statement ('PDS') issued by Pinnacle Fund Services Limited (ABN 29 082 494 362, AFSL 238371) as the Responsible Entity ('RE'), in relation to the following Funds ("Funds"):

1. **Resolution Capital Global Property Securities Fund** - PDS issued 7 March 2016
2. **Resolution Capital Core Plus Property Securities Fund** - PDS issued 7 March 2016
3. **Resolution Capital Global Property Securities Fund (Hedged) - Series II** - PDS issued 7 March 2016
4. **Resolution Capital Global Property Securities Fund (Unhedged) - Series II** - PDS issued 7 March 2016
5. **Resolution Capital Core Plus Property Securities Fund - Series II** - PDS issued 7 March 2016

- APPLICATION FORM - 2 for new and existing investors
- AUTHORISED REPRESENTATIVE FORM - 25 to appoint additional representatives who can act on your behalf
- ADDITIONAL INVESTMENT FORM - 28 for existing investors only
- REDEMPTION REQUEST FORM - 30 for redemption requests
- FREQUENTLY ASKED QUESTIONS - 32

## APPLICATION FORM

### Important Information

Defined terms in this Application Form have the definition given to them in the PDS.

THE PDS AND ADDITIONAL INFORMATION TO THE PDS FOR EACH OF THE RESOLUTION CAPITAL FUNDS  
MUST BE READ PRIOR TO COMPLETING THIS APPLICATION FORM.

The Registry service provider is RBC Investor Services Trust (“Registry”).

### Registry Mailing Information

Initial Investments – post original in the mail to:

[Fund Name]

C/- RBC Investor Services Trust – Registry Operations

GPO Box 4471

SYDNEY NSW 2001

Additional Investments please fax to:

[Fund Name][Investor Name]

C/- RBC Investor Services Trust – Registry Operations

+612 8262 5492

### APPLICATION PAYMENT INFORMATION

Electronic Funds Transfer (EFT) or Real Time Gross Settlement (RTGS)

Address:	RBCIS Rescap [Investor Name]
BSB:	012-003
Account Number:	836308769

Cheque:

Cheques should be crossed “Not Negotiable” and made payable to:

RBCIS Rescap [Investor Name]

## IMPORTANT INFORMATION

If you are not able to provide the *Anti-Money Laundering/Counter-Terrorism Financing (AML/CTF)* information requested in the Application Form, please contact us for a list of alternative information you may supply.

Documents supplied must be certified as true copy by: a legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular Officer; Notary Public; Australia Post Agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

## APPLICATION FORM CHECKLIST

<input type="checkbox"/>	<b>Section 1 - Investment details</b> Nominate to open a new account or invest additional funds to an existing account
<input type="checkbox"/>	<b>Section 2 - Investor details</b> Provide your details depending on the type of customer you are. Please complete only the page that is relevant to you. a. <input type="checkbox"/> Individual (including Sole Trader) or Joint Account b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Company d. <input type="checkbox"/> Trust and Trustee(s) (including Superannuation Fund) e. <input type="checkbox"/> Association or Registered Co-operative Note 1: If you believe the above investor categories do not adequately represent your legal structure or disposition, please contact us on 1300 737 240 or by e-mail at: <a href="mailto:contact@resolutioncapital.com.au">contact@resolutioncapital.com.au</a>
<input type="checkbox"/>	<b>Section 3 - Application amount and payment details</b> Indicate the amount you wish to invest in the Fund and the payment details for your investment for the Fund
<input type="checkbox"/>	<b>Section 4 - Distribution election</b> Select your distribution payment method
<input type="checkbox"/>	<b>Section 5 - Fund information</b> The information you may receive from us
<input type="checkbox"/>	<b>Section 6 - Adviser access</b> Provide your adviser's details for access to statements
<input type="checkbox"/>	<b>Section 7 - Tax file number notification or exemption</b> Provide tax file number
<input type="checkbox"/>	<b>Section 8 - Declaration and application signatures</b> Read the declaration, elect the account operating authority, and provide the appropriate signatures

### Section 1 - Do you have an existing account with a Resolution Capital Fund?

Yes  The investment in this application will be in a *different* Resolution Capital Fund but it will have the same name and capacity as my existing account, and there are no changes to any of my other details.  
 My current account number is  Please go to Section 3.  
 If there are any changes to your other details, please to go Section 2.

No  Go to Section 2

## Section 2 - Investor Details

### A. INDIVIDUAL OR JOINT APPLICANTS

<b>INVESTOR 1</b>	Title <input type="text"/> Full given name/s <input type="text"/>
	Surname <input type="text"/> Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
	Country of Residency: Australia <input type="checkbox"/> YES / <input type="checkbox"/> NO then, please name country <input type="text"/>
	Residential Address (Street Address only) <input type="text"/>
	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Country <input type="text"/>
	Postal Address (if different from above) <input type="text"/>
	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Country <input type="text"/>
	Note: This address will be used for all account correspondence; however we also require your residential address.
	Phone no. ( <input type="text"/> ) <input type="text"/> Mobile no. <input type="text"/>
	Facsimile no. ( <input type="text"/> ) <input type="text"/>
	E-mail address: <input type="text"/>
	What is your occupation? <input type="checkbox"/> Retired <input type="checkbox"/> Other - please describe: <input type="text"/>
	Are you a sole trader?: <input type="checkbox"/> NO / <input type="checkbox"/> YES then, please provide ABN/ARBN <input type="text"/>

Full Business Name:

Principal Place of Business (if any)(Street Address only)

Suburb  State  Postcode  Country

#### FATCA CERTIFICATION

Are you a US citizen or resident of the US for tax purposes?  NO /  YES - If 'Yes', please see disclaimer^ below.

**ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport**

<b>INVESTOR 2</b>	Title <input type="text"/> Full given name/s <input type="text"/>
	Surname <input type="text"/> Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
	Country of Residency: Australia <input type="checkbox"/> YES / <input type="checkbox"/> NO then, please name country <input type="text"/>
	Residential Address (Street Address only) <input type="text"/>
	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/> Country <input type="text"/>
	Phone no. ( <input type="text"/> ) <input type="text"/> Mobile no. <input type="text"/>
	Facsimile no. ( <input type="text"/> ) <input type="text"/>
	E-mail address: <input type="text"/>
	What is your occupation? <input type="checkbox"/> Retired <input type="checkbox"/> Other - please describe: <input type="text"/>

#### FATCA CERTIFICATION

Are you a US citizen or resident of the US for tax purposes?  NO /  YES - If 'Yes', please see disclaimer^ below.

**ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport**

**Documents supplied must be certified as true copy by:** a Legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular officer; Notary Public; Australia Post agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

^ The PDS, which this Application Form relates to, cannot be offered or sold within the US, or sold to, or for the account or benefit of, any 'US Persons' (as interpreted in accordance with the U.S. Internal Revenue Code). The Issuer reserves the right to reject an application from US Persons. Please also refer to the Frequently Asked Questions page.

## Section 2 - Investor Details (Continued)

### B. PARTNERSHIP

#### B.1 PARTNERSHIP DETAILS

Full name of partnership:

Registered business name of partnership (if any):

Country where partnership is established: Australia  YES /  NO then, please name country

Describe the partnership's principal business activity:

State in Australia where established:  ABN/ACN

Registered Address (Street Address only)

Suburb  State  Postcode  Country

Postal Address (if different from above)

Suburb  State  Postcode  Country

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. ()  Mobile no.

Facsimile no. ()

E-mail address:

Is the partnership regulated by a professional association?

YES - Provide name of association

Provide membership details . Please provide the details requested for Partner 1 in B.2 below.

NO - How many partners are there? . Please provide details of ALL partners in B.2 below.

#### B.2 PARTNER DETAILS

Please supply the Partner information requested below:

##### Partner 1:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

##### Partner 2:

Full given name/s:  Surname:

Residential Address (Street Address only)

Suburb  State  Postcode  Country

##### Partner 3:

Full given name/s:  Surname:

Residential Address (Street Address only)

Suburb  State  Postcode  Country

##### Partner 4:

Full given name/s:  Surname:

Residential Address (Street Address only)

Suburb  State  Postcode  Country

**Proceed to B.3 of Section 2.**

## Section 2 - Investor Details (*Continued*)

### B. PARTNERSHIP (Continued)

#### B.3 BENEFICIAL OWNER DETAILS

##### Category A Beneficial Owners

Please provide details for each individual who:

- ultimately owns 25% or more of the issued capital of the partnership through direct or indirect shareholdings, or
- is entitled (directly or indirectly) to exercise 25% or more of the voting rights of the partnership, including power to veto

##### Category B Beneficial Owners

If there are no individuals who meet the requirements above, then provide details of each individual who directly or indirectly control\* the partnership.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices. If no such person can be identified then the most senior managing official(s) of the partnership (such as the Managing Partner or Senior Managing Official).

##### Beneficial Owner 1:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Senior Managing Partner):

##### Beneficial Owner 2:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Senior Managing Partner):

##### Beneficial Owner 3:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Senior Managing Partner):

##### Beneficial Owner 4:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Senior Managing Partner):

(If there are more beneficial owners, provide details on a separate sheet and tick this box )

**Proceed to B.4 of Section 2**

## Section 2 - Investor Details (*Continued*)

### B. PARTNERSHIP (*Continued*)

#### B.4 FATCA CERTIFICATION

Please select only ONE of the following categories and provide the information requested:

- United States Partnership** (i.e. A partnership created in the US, established under the laws of the US or a US tax payer)

Is the Partnership an exempt payee for US tax purposes?

YES  - please provide the exemption code:

NO  - please see disclaimer^ below.

This FATCA Certification section is now complete. **Proceed to B.5 of Section 2.**

- Non-US Financial Institution** (A Financial Institution means a custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes)

Provide the partnership's Global Intermediary Identification Number (GIIN), if applicable:

If the partnership is a Financial Institution but does not have a GIIN, please provide its FATCA status (select ONE of the following statuses):

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non-reporting IGA Financial Institution

Nonparticipating Financial Institution

Other - please describe the FATCA status:

If you are unsure of the FATCA status, please consult your accountant or tax specialist.

This FATCA Certification section is now complete. **Proceed to B.5 of Section 2.**

- Other** (i.e. Partnerships that are not US Partnerships or Financial Institution)

Are any of the beneficial owners or partners US citizens or residents of the US for tax purposes?

YES /  NO - If 'Yes', please see disclaimer^ below.

This FATCA Certification section is now complete. **Proceed to B.5 of Section 2.**

#### B.5 DOCUMENTS TO PROVIDE

ATTACH: Certified copy of Partnership Agreement; and

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for Partner Number 1 only; and

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for EACH of the Partnership's Beneficial Owners as per B.3 of Section 2; and

ATTACH: An original current membership certificate OR membership details independently sourced from the relevant association (ONLY for partnerships regulated by a professional association)

*Note: Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

**Documents supplied must be certified as true copy by:** a Legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular officer; Notary Public; Australia Post agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

^ The PDS, which this Application Form relates to, cannot be offered or sold within the US, or sold to, or for the account or benefit of, any 'US Persons' (as interpreted in accordance with the U.S. Internal Revenue Code). The Issuer reserves the right to reject an application from US Persons. Please also refer to the Frequently Asked Questions page.

## Section 2 - Investor Details (Continued)

### C. COMPANY

#### C.1 AUSTRALIAN COMPANY

Full company name as registered by ASIC:

Full business name (if any):

Country where registered/incorporated: Australia  YES /  NO - if 'No', please go to Foreign Company section below.

ACN

Describe the company's principal business activity:

Registered Address (Street Address only)

Suburb  State  Postcode  Country

Postal Address (if different from above)

Suburb  State  Postcode  Country

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Principal Place of business (if different from Registered address)(Street Address only)

Suburb  State  Postcode  Country

Phone no. ()  Mobile no.

Facsimile no. ()

E-mail address:

**Proceed to C.3 of Section 2.**

#### C.2 FOREIGN COMPANY (NON-AUSTRALIAN)

Full legal name of company :

Full business name (if any):

Country where formed/registered/incorporated:

Describe the company's principal business activity:

Registered by a foreign body - please provide name of body:

**Is the foreign company registered with ASIC?**

**Yes** Provide the Australian Registered Body Number (ARBN)

Provide EITHER :  principal place of business address in Australia, OR  local agent name and address details

Address (Street Address only):

Suburb  State  Postcode  Country

Full name of local agent in Australia:

**No** Provide company identification number (if any) issued by the foreign registration body:

Date of company registration or incorporation: / /

Provide principal place of business in the company's country of formation or incorporation

Address (Street Address only):

Suburb  State  Postcode  Country

#### **Registered address**

Provide the registered address as registered with ASIC. If the company is not registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Address

Suburb  State  Postcode  Country

Postal Address (if different from above)

Suburb  State  Postcode  Country

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. ()  Mobile no.

Facsimile Phone no. ()  E-mail address:

**Proceed to C.3 of Section 2.**



## Section 2 – Investor Details (Continued)

### C. COMPANY (Continued)

#### C.3 COMPANY TYPE

Select only ONE of the following categories:

- Public company (companies whose name does not include Pty or proprietary) – **proceed to C.4 of Section 2**
- Proprietary company (companies whose name ends with Proprietary Ltd or Pty Ltd, also known as private company) – provide the director details below:

List the number of directors for the company: . Please also supply the full name of each **director**:

**Director 1:** Full given name/s:  Surname:

**Director 2:** Full given name/s:  Surname:

**Director 3:** Full given name/s:  Surname:

**Director 4:** Full given name/s:  Surname:

(If there are more directors, please provide details on a separate sheet and tick this box )

**Proceed to C.4 of Section 2**

#### C.4 REGULATORY/LISTING DETAILS

Please select the relevant category below that applies to the company, and provide the information requested:

- Australian regulated company:** (i.e. a company that is licensed and whose activities are subject to the oversight of an Australian statutory regulator)  
(In this context 'regulated' means subject to the supervision beyond that provided by a company registration body such as ASIC as a company registration body for Australian companies. Examples of regulated companies in Australia include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL), or Registrable Superannuation Entity (RSE) Licensees but not SMSF corporate trustees).

Regulator Name:

Licence details (e.g. AFSL No., ACL No., RSE No.): . **Proceed to C.6 of Section 2.**

- Public listed company:** (an Australian public listed company or a foreign public listed company, which is subject to disclosure requirements that ensure transparency of Beneficial Ownership comparable to similar public listing requirements in Australia. Refers to listing on a financial market that by stock exchange rules, law or enforceable means promotes transparency of beneficial owner information)

Name of market/exchange/ disclosure regime:

Country: . **Proceed to C.6 of Section 2.**

- Majority-owned subsidiary of an Australian listed company:** (companies that are majority owned by an Australian company that is listed on an Australian Financial market such as the ASX)

Australian listed company name:

Name of market/exchange: . **Proceed to C.6 of Section 2.**

- None of the above** (also applies to SMSF corporate trustees) – **proceed to C.5 of Section 2.**

## Section 2 – Investor Details (Continued)

### C. COMPANY (Continued)

#### C.5 BENEFICIAL OWNER DETAILS

This section to be completed for all companies that are NOT Australian regulated companies, listed public companies, or majority owned by an Australian Public Listed company as per C.4 of Section 2. Corporate trustees of SMSF's are required to complete this section.

##### Category A Beneficial Owners

Please provide details for each individual who ultimately owns 25% or more of the company's issued share capital. This includes direct or indirect shareholdings/ownership, including individuals with indirect ownership to 25% or more of the company through a company shareholder.

##### Category B Beneficial Owners

If there are no individuals who meet the requirement above, then provide details of each individual who directly or indirectly control\* the company.

\*Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more including power to veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director who are authorised to sign on the company's behalf).

##### Beneficial Owner 1:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Managing Director):

##### Beneficial Owner 2:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Managing Director):

##### Beneficial Owner 3:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Managing Director):

##### Beneficial Owner 4:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Beneficial Owner Category: A  or B  Role (e.g. Managing Director):

(If there are more beneficial owners, provide details on a separate sheet and tick this box )

**Proceed to C.6 of Section 2.**

## Section 2 – Investor Details (Continued)

### C. COMPANY (Continued)

#### C.6 FATCA CERTIFICATION

Please select only ONE of the following categories that apply to the company, and provide the information requested:

**Company trustee for an Australian Regulated Superannuation Fund**

If the company is a trustee for the Australian Regulated Superannuation Fund selected in D.2 of Section 2, this FATCA Certification section is now complete. **Proceed to C.7 of Section 2.**

**United States Company** (A company created in the US, established under the laws of the US or a US tax payer)

Is the company an exempt payee for US tax purposes?

YES  - please provide the exemption code:

NO  - please see disclaimer^ below.

This FATCA Certification section is now complete. **Proceed to C.7 of Section 2.**

**Non-US Financial Institutions** (A Financial Institution means a custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable:

If the company is a Financial Institution but does not have a GIIN, please provide its FATCA status (select ONE of the following statuses):

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non-reporting IGA Financial Institution

Nonparticipating Financial Institution

Other - please describe the FATCA status:

If you are unsure of the FATCA status, please consult your accountant or tax specialist.

This FATCA Certification section is now complete. **Proceed to C.7 of Section 2.**

**Non-US Non-Financial Public Listed Company or a corporate Australian Registered Charity** (Public listed companies that are NOT Financial Institutions as described above, or a company that is an Australian Registered Charity)

If the company is a non-US, non-financial public listed company, or a corporate Australian Registered Charity, this FATCA Certification section is now complete. **Proceed to C.7 of Section 2.**

**Other** (none of the above)

Are any of the company's **beneficial owners** US citizens or residents of the US for tax purposes?

NO /  YES - If 'Yes', please see disclaimer^ below.

**Proceed to C.7 of Section 2.**

#### C.7 DOCUMENTS TO PROVIDE

##### **Australian regulated company, Australian listed public company, or majority owned by an Australian Public Listed company**

**NO ATTACHMENT REQUIRED**

##### **For all other companies (including Foreign Companies)**

**ATTACH:** Certified copy of Registration Certificate (for companies not registered with ASIC); and

**ATTACH:** Certified copy of Australian Driver's Licence or Photo page of current passport for EACH of the company's BENEFICIAL OWNERS (as per C.5 of Section 2) if applicable

*Note: Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

**Documents supplied must be certified as true copy by:** a Legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular officer; Notary Public; Australia Post agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

^ The PDS, which this Application Form relates to, cannot be offered or sold within the US, or sold to, or for the account or benefit of, any 'US Persons' (as interpreted in accordance with the U.S. Internal Revenue Code). The Issuer reserves the right to reject an application from US Persons. Please also refer to the Frequently Asked Questions page.

## Section 2 - Investor Details (*Continued*)

### D. TRUST AND TRUSTEES (INCLUDING SUPERANNUATION FUNDS)

#### D.1 TRUST

Full Name of the Fund/Trust

ABN:

Country where Fund/Trust was established: Australia  YES /  NO then, please name country

Describe the Trust's principal business activity:

Registered Address (Street Address only)

Suburb  State  Postcode  Country

Postal Address (if different from above)

Suburb  State  Postcode  Country

**Note:** This address will be used for all account correspondence; however we also require your registered address.

Phone no. ()  Mobile no.

Facsimile no. ()

E-mail address:

#### TYPE OF TRUST

Select ONE trust type and proceed as directed:

- Australian Regulated Trusts (i.e. trusts that are subject to the regulatory oversight of an Australian regulator) - **proceed to D.2 of Section 2**  
 Unregulated Trusts (includes foreign regulated trusts) - **proceed to D.3 of Section 2**

#### D.2 AUSTRALIAN REGULATED TRUST

##### Type of Regulated Trust

(this section only applies to Australian regulated trusts that are subject to the regulatory oversight of an Australian regulator)

Please select ONE of the following categories that apply to the trust and provide the information required:

- Self-Managed Superannuation Fund (SMSF)** - provide the SMSF's ABN
- Registered Managed Investment Scheme** - provide Australian Registered Scheme Number (ARSN)
- Unregistered managed investment scheme** (where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies):  
Provide the unregistered managed investment scheme's ABN:
- Government Superannuation Fund** - provide name of the legislation establishing the fund
- Other Regulated Trust** (i.e. a trust that is *registered* and subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund)  
Provide name of regulator (e.g. ASIC, APRA)   
Provide the Trust's ABN/registration/licensing details (e.g. RSE No.)

##### FATCA Certification

Select ONE of the following categories that apply to the trust and provide the information required:

- Australian regulated superannuation funds:** For Self-Managed Superannuation Funds (SMSF), government super funds, APRA regulated super funds or pooled superannuation trusts - **please proceed to D.4 of Section 2.**
- For all other Australian regulated trusts:**  
Please provide the trust or trustee's Global Intermediary Identification Number (GIIN), if applicable:   
If neither the trust or trustee has a GIIN, please provide the trust's FATCA status (select ONE of the following statuses):  
 Deemed Compliant Financial Institution  
 Excepted Financial Institution  
 Exempt Beneficial Owner  
 Non-reporting IGA Financial Institution  
 Nonparticipating Financial Institution  
 Other - please describe the FATCA status:

If you are unsure of the FATCA status, please consult your accountant or tax specialist.

**Please proceed to D.4 of Section 2.**

## Section 2 – Investor Details *(Continued)*

### D. TRUST AND TRUSTEES (INCLUDING SUPERANNUATION FUNDS) - *(Continued)*

#### D.3 UNREGULATED TRUST (INCLUDING FOREIGN REGULATED TRUSTS)

##### D.3.1 Type of Unregulated Trust

(this section only applies to trusts that are NOT subject to the oversight of an Australian statutory regulator)

Please select only ONE of the following categories:

Family Trust       Charitable Trust       Testamentary Trust       Unit Trust

Other type, please provide description

Full name of trust settlor\*:

(\*settlor is the person(s) who settles the initial sum or assets to create the trust)

**Please proceed to D.3.2 of Section 2.**

##### D.3.2 Beneficiary Details

Provide the names and/or class(es) of the trust's beneficiaries. Both the names and classes of beneficiaries must be provided if the trust has both named and classes of beneficiaries.

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

NO /  YES - Provide details of the membership class(es):

(e.g. unit holders, family members of named person, charitable organisations/causes)

Do the terms of the trust identify names of beneficiaries?

NO /  YES - How many beneficiaries are there? . Please provide full name of each beneficiary below:

##### Beneficiary 1:

Full given name(s)/Entity Name(s):  Surname:

##### Beneficiary 2:

Full given name(s)/Entity Name(s):  Surname:

##### Beneficiary 3:

Full given name(s)/Entity Name(s):  Surname:

##### Beneficiary 4:

Full given name(s)/Entity Name(s):  Surname:

(If there are more beneficiaries, provide details on a separate sheet and tick this box )

**Please proceed to D.3.3 of Section 2.**

## Section 2 - Investor Details (Continued)

### D. TRUST AND TRUSTEES (INCLUDING SUPERANNUATION FUNDS)- (continued)

#### D.3 UNREGULATED TRUST (INCLUDING FOREIGN REGULATED TRUSTS) - (continued)

##### D.3.3 Beneficial Owner Details

Beneficial owners are those individuals who:

- Are entitled to 25% or more of the trust income or assets. This includes any individual who is ultimately entitled (directly or indirectly, including individuals with indirect entitlement through a company beneficiary) to 25% or more of the trust income or assets.

Does the trust have any individuals that meet the requirement above?

NO /  YES - if yes, then provide details of those individuals below:

##### Beneficial Owner 1:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

##### Beneficial Owner 2:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

##### Beneficial Owner 3:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

##### Beneficial Owner 4:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

(If there are more beneficial owners, provide details on a separate sheet and tick this box )

##### Appointer of the Trust

Does the trust have an appointer (i.e. an individual who has been granted specific powers by the trust deed to appoint or remove the trustees of the trust; may also be called the 'custodian' or 'principal')?

NO /  YES - if yes, then provide details of the appointer (or equivalent) below:

Full given name/s:  Surname:  Date of birth: / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

(If there are more appointers, provide details on a separate sheet and tick this box )

Please proceed to D.3.4 of Section 2

.....Continue over page

## Section 2 - Investor Details (*Continued*)

### D. TRUST AND TRUSTEES (INCLUDING SUPERANNUATION FUNDS)- (*continued*)

#### D.3 UNREGULATED TRUST (INCLUDING FOREIGN REGULATED TRUSTS) - (*continued*)

##### D.3.4 FATCA Certification

Please select only ONE of the following categories and provide the information requested:

- United States Trust** (i.e. A Trust created in the US, established under the laws of the US or a US taxpayer)

Is the Trust an exempt payee for US tax purposes?

YES  - please provide the exemption code:

NO  - please see disclaimer^ below.

This FATCA Certification section is now complete. **Please proceed to D.4 of Section 2.**

- Non-US Financial Institution or Trust with a Trustee that is a Financial Institution** (i.e. a Trust is a Financial Institution if it is primarily established for custodial or investment purposes or a Trust that has a Trustee that is a Financial Institution in its own right)

Please provide the Trust or Trustee's Global Intermediary Identification Number (GIIN), if applicable:

If the Trust or Trustee is a Financial Institution but does not have a GIIN, please provide the Trust's FATCA status (select ONE of the following statuses):

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non-reporting IGA Financial Institution

Nonparticipating Financial Institution

Other - please describe the FATCA status:

If you are unsure of the FATCA status, please consult your accountant or tax specialist.

This FATCA Certification section is now complete. **Please proceed to D.4 of Section 2.**

- Australian Registered Charity or Deceased Estate**

If the Trust is an Australian Registered Charity or Deceased Estate (excluding US Deceased Estates) - this FATCA Certification section is now complete.

**Please proceed to D.4 of Section 2.**

- Other** (none of the above)

Are any of the Trust beneficiaries, trustees, settlors or beneficial owners US citizens or residents of the US for tax purposes?

NO  - This FATCA Certification section is now complete.

YES  - Please see disclaimer^ below.

If the Trustee is a company, are any of this company's beneficial owners US citizens or residents of the US for tax purposes?

NO  - This FATCA Certification section is now complete.

YES  - Please see disclaimer^ below.

**Please proceed to D.4 of Section 2.**

^ The PDS, which this Application Form relates to, cannot be offered or sold within the US, or sold to, or for the account or benefit of, any 'US Persons' (as interpreted in accordance with the U.S. Internal Revenue Code). The Issuer reserves the right to reject an application from US Persons. Please also refer to the Frequently Asked Questions page.

## Section 2 - Investor Details (*Continued*)

### D. TRUST AND TRUSTEES (INCLUDING SUPERANNUATION FUNDS)- (*continued*)

#### D.4 DOCUMENTS TO PROVIDE

##### Australian Regulated Trusts (including Self-Managed Superannuation Funds 'SMSF')

NO ATTACHMENT REQUIRED

##### Unregistered Managed Investment Scheme

ATTACH: Copy of an offer document of the managed investment scheme (e.g. a copy of a Product Disclosure Statement)

##### Unregulated Trusts (including Foreign Regulated Trusts)

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for each BENEFICIAL OWNER and APPOINTER (as per D.3.3 of Section 2); and

ATTACH: Certified copy of Trust Deed

You MUST provide, at a minimum, certified copies of the following pages from the Trust Deed:

1. The cover page;
2. The page which documents who the TRUSTEE is, and the NAME of the TRUST;  
(preferably on the same page, as it is required to verify relationships);
3. The page with the date of the Trust Deed;
4. The signed pages of the Trust Deed;
5. The page that outlines all of the BENEFICIARIES and/or CLASS of beneficiaries of the Trust; and
6. The page which documents who the SETTLOR IS.

*Note: Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

Documents supplied must be certified as true copy by: a Legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular officer; Notary Public; Australia Post agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

##### Select the trustee type and proceed as directed

INDIVIDUAL TRUSTEES - complete D.5 of Section 2, then proceed to Section 3.

CORPORATE TRUSTEES - complete C. COMPANY part of Section 2, then proceed to Section 3.



## Section 2 - Investor Details (*Continued*)

### D. TRUST AND TRUSTEES (INCLUDING SUPERANNUATION FUNDS) - (*Continued*)

#### D.5 INDIVIDUAL TRUSTEE

How many individual Trustees are there? . Please supply the information of ALL individual trustees as requested below:

**Trustee 1:** Full Name  Date of birth / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

What is your occupation?  Retired  Other - please describe:

**Trustee 2:** Full Name  Date of birth / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

What is your occupation?  Retired  Other - please describe:

**Trustee 3:** Full Name  Date of birth / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

What is your occupation?  Retired  Other - please describe:

**Trustee 4:** Full Name  Date of birth / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

What is your occupation?  Retired  Other - please describe:

#### **Trustees of Australian Regulated Trusts (excluding Self-Managed Superannuation Funds 'SMSF')**

NO ATTACHMENT REQUIRED

#### **Trustees of Unregulated Trusts (including Foreign Regulated Trusts and SMSF's)**

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for EACH individual trustee

**Documents supplied must be certified as true copy by:** a Legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular officer; Notary Public; Australia Post agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

## Section 2 - Investor Details (*Continued*)

### E. ASSOCIATION/REGISTERED CO-OPERATIVE

#### E.1 ASSOCIATION/REGISTERED CO-OPERATIVE

The investor is a:  Association /  registered Co-operative

Full name of Association/registered Co-operative:

ABN/ARBN/ACN

Provide an ID number issued on incorporation/registration:

Describe the objects/purpose/main activity of the Association or Co-operative:

Postal Address

Suburb  State  Postcode  Country

Note: This postal address will be used for all account correspondence.

Phone no. ()  Mobile no.

Facsimile no. ()

E-mail address:

#### E.1.2 Officer details

Provide details of the following officers below:

**Chairman** (or equivalent):

Full given name/s  Surname  Date of birth / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

**Secretary** (or equivalent):

Full given name/s  Surname  Date of birth / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

**Treasurer** (or equivalent):

Full given name/s  Surname  Date of birth / /

Residential Address (Street Address only)

Suburb  State  Postcode  Country

#### E.1.3 Beneficial Owner details

Are there any beneficial owners (i.e. those individual members that directly or indirectly control the Association or registered Co-operative) who are different to the chairperson, secretary or treasurer already listed above in E.1.2?

No /  Yes - if 'yes', please provide the details of the beneficial owners:

Full given name/s  Surname

Date of birth / /  Role:

Residential Address (Street Address only)

Suburb  State  Postcode  Country

(If there are more beneficial owners, provide details on a separate sheet and tick this box )

#### E.1.4 Type of Association or Co-operation

If you are an incorporated Association or registered Co-operative - **proceed to E.2 of Section 2**

If you are an unincorporated Association - **proceed to E.3 of Section 2**

## Section 2 – Investor Details (*Continued*)

### E. ASSOCIATION/REGISTERED CO-OPERATIVE - (*Continued*)

#### E.2 INCORPORATED ASSOCIATION/REGISTERED CO-OPERATIVE

Please select and provide ONE of the following:

Principal place of administration/operations – Address (Street Address only)

Suburb  State  Postcode  Country

Registered Office Address (Street Address only)

Suburb  State  Postcode  Country

Details of the public officer (for the Association) or Secretary (for the Co-operative):\*

Full given name(s) of officer (if applicable):  Surname

Position:

Residential Address (Street Address only)

Suburb  State  Postcode  Country

(\*For an Association, if there is no public officer then provide details for the president, secretary or treasurer. For a Co-operative, if there is no secretary then provide details for the president or treasurer)

*Please proceed to E.4 of Section 2.*

#### E.3 UNINCORPORATED ASSOCIATION

Principal place of administration – Address (Street Address only)

Suburb  State  Postcode  Country

##### E.3.1 Member details

Provide the name & residential address of the **member** who is signing on behalf of an unincorporated association.

Full given name/s  Surname  Date of birth / /

Residential Address of the member (Street Address only)

Suburb  State  Postcode  Country

*Please proceed to E.4 of Section 2.*

#### E.4 DOCUMENTS TO PROVIDE

##### Associations (incorporated and unincorporated)

ATTACH: Certified copy of Constitution/Rules; and

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for the Chairman, Secretary and Treasurer (as per E.1.2 of Section 2); and

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for each BENEFICIAL OWNER (as per E.1.3 of Section 2); and

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for the MEMBER for unincorporated Associations only (as per E.3.1 of Section 2)

##### Registered Co-operatives

ATTACH: Certified copy of register maintained by the Co-operative; and

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for the Chairman, Secretary and Treasurer (as per E.1.2 of Section 2); and

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport for each BENEFICIAL OWNER (as per E.1.3 of Section 2)

*Note: Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

Documents supplied must be certified as true copy by: a Legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular officer; Notary Public; Australia Post agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

## Section 3 - Application Amount and Payment Details

Fund Name	Initial investment (\$)	
Resolution Capital Global Property Securities Fund		
Resolution Capital Core Plus Property Securities Fund		
Resolution Capital Global Property Securities Fund (Hedged) - Series II		
Resolution Capital Global Property Securities Fund (Unhedged) - Series II		
Resolution Capital Core Plus Property Securities Fund - Series II		

Minimum initial investment amount is \$30,000 or as agreed with the Responsible Entity.

### 3.a SOURCE OF INVESTMENT

Please identify the source of your investment:

**Investor 1:**

Gainful employment/savings     
  Inheritance/gift     
  Financial investments     
  Business activity  
 Superannuation/retirement savings     
  Other - please specify:

**Investor 2 (for joint account):**

Gainful employment/savings     
  Inheritance/gift     
  Financial investments     
  Business activity  
 Superannuation/retirement savings     
  Other - please specify:

### 3.b PAYMENT DETAILS

**Payment Method:**

Electronic Funds Transfer; or  
 Real Time Gross Settlement; or  
 Cheque

Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT') or Real Time Gross Settlement (RTGS):

Currency	AUD
Country	Australia
Payee	RBCIS Rescap [Investor Name]
BSB	012-003
Account Number:	836308769
Deposit reference for EFT, RTGS: <i>Please quote your deposit reference number</i>	

**Cheque:** Cheques should be crossed "Not Negotiable" and made payable to: RBCIS RESCAP [Investor Name]. Please note that you will incur a fee if your cheque is dishonoured.

**Please note:**

**For new applications**

- ensure that the original application is sent in the mail in sufficient time to ensure that Registry has physical possession of the document prior to 12:00pm Sydney time (business day) on the day of application.

**For applications from existing clients\***

- ensure that the application is posted or faxed in sufficient time to ensure that Registry has possession of the document prior to 12:00pm Sydney time (business day) on the day of application.

You must ensure that the instructions to Registry are signed off by mandated signatories that have been previously provided to Registry.

*\* For the purposes of satisfying AML requirements, an existing client is one that has invested into a particular Resolution Capital Fund in which they currently have holdings with the same details as provided. Please complete Section 2 if your details have changed.*

*Please contact our Investor services team on 1300 737 240 for additional money transfer details if the details for payment provided in this document do not suffice.*

.....Continue over page

## Section 4 - Distribution Election

### DISTRIBUTION

Please specify how you would like any distributions from the Fund to be paid. I/we wish to receive any distributions\*

- Reinvested as additional Units, or  
 In cash (Australian dollars only) paid into my/our account below\*\*

\* Unless otherwise instructed, distributions will be reinvested in additional units.

\*\* Where distributions are paid directly to a bank account, they will only be paid in Australian (AUD) dollars. Bank account details stated on the Application Form should be for an account that will receive and accept AUD payments.

#### 4.a Nominated Bank Account

Note: We can not transfer proceeds to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

Bank account details for **distributions**

Bank   
Account Name   
BSB No  Account No

Bank account details for **withdrawals** if different from above

Bank   
Account Name   
BSB No  Account No

## Section 5 - Information you may receive

### Account Information

We are required by law to send information including transaction and holding statements in relation to your account.

### Annual Financial Reports

The Annual Financial Report of the Fund will be available in a timely, cost effective and environmentally friendly manner via our website at [www.resolutioncapital.com.au](http://www.resolutioncapital.com.au) by 30 September each year.

## Section 6 - Adviser Access to your Statements

By filling in this section, you consent to give your financial adviser access to your statements (including via email).

Adviser Name   
Name of Advisory Firm and/or Dealer Group   
AFSL Number   
Adviser Number   
Address   
Suburb  State  Postcode  Country   
Phone no. (  )  Mobile no.   
Facsimile no. (  )   
E-mail address:

.....Continue over page

## Section 7 – Tax File Number (TFN) Notification or Exemption

You may choose to quote your TFN or claim an exemption in relation to your investments in the Fund by completing this section. Collection of your TFN is authorised, and its use and disclosure are strictly regulated by the tax laws and Privacy Act. It is not an offence if you do not quote your Tax File Number or a valid exemption. However, if you do not, and you do not provide appropriate exemption information, we are required to withhold tax at the highest marginal tax rate from all income distributions made to you.

*Note: For Trusts and Superannuation Funds – provide the TFN of the Trust or Super Fund. TFNs for trustees cannot be accepted.*

### Investor 1

Name:

Tax File Number:

#### **Basis for Tax File Number exemption (if applicable)**

If a foreign resident for tax purposes, please specify country of residence<sup>^</sup>.

### Investor 2 (If joint account)

Name:

Tax File Number:

#### **Basis for Tax File Number exemption (if applicable)**

If a foreign resident for tax purposes, please specify country of residence<sup>^</sup>.

<sup>^</sup> The PDS, which this Application Form relates to, cannot be offered or sold within the US, or sold to, or for the account or benefit of, any 'US Persons' (as interpreted in accordance with the U.S. Internal Revenue Code). The Issuer reserves the right to reject an application from US Persons. Please also refer to the Frequently Asked Questions page.

.....Continue over page

## Section 8 – Declaration and Application Signature

I/We declare that:

- I/We have read, understood and agree in full with the terms and conditions set out in the PDS to which this application relates and the Additional Information to the PDS, which is available at [www.resolutioncapital.com.au](http://www.resolutioncapital.com.au);
- I/We have also read and understood the declarations, conditions and acknowledgements contained under the heading 'Effect of the Application Form' in Section 5 of the Additional Information to the PDS;
- I/We agree that the terms and conditions of the PDS and Additional Information document are incorporated in this declaration;
- I/We acknowledge that the Responsible Entity may require us to provide any additional documentation or other information to enable compliance with any laws relating to Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) or any other law, including the Foreign Account Tax Compliance Act ('FATCA');
- I/We acknowledge, accept and declare that all the details given in this application are true and correct, and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- I/We have received and accepted this offer within Australia or New Zealand;
- I/We have received personally a complete and unaltered latest PDS together with Additional Information to the PDS prior to completing the Application Form;
- I/We certify that if we are signing under a Power of Attorney, the Power of Attorney<sup>1</sup> has not been revoked; and
- I/We confirm that the details of my/our investment can be provided to the specified adviser group by the means and format that they direct.

## Section 8A – Account Operating Authority

Please indicate how you wish to operate your Account:

- Any one of us to sign, or
- All of us to sign, or
- Any two of us to sign

If you select 'any one of us to sign' each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

If you do not select an option, we will assume that the 'any one of us to sign' option will apply.

### Signatory Requirements:

- **Individual Investor** – the individual investor must sign
- **Joint Applicants** – all investors must sign
- **Company** – at least two directors; or a director and company secretary; or by sole director (where applicable), must sign
- **Trustees** – all individual trustees must sign; if a corporate trustee, then sign as for a company
- **Partnership** – each partner must sign
- **Association or registered co-operative** – each office bearer must sign
- **Government Body** – relevant principal officer/authorised signatory must sign
- **Power of Attorney** – If signing under a Power of Attorney, please attach the documents listed in footnote below<sup>1</sup>

<sup>1</sup> Attach a certified copy of the Power of Attorney. Each page of the Power of Attorney document must be certified by a Justice of the Peace, Solicitor or Notary Public. Provide a certified copy of identification documents for the Attorney, containing a sample of their signature i.e. Australian Driver's Licence or photo page of current Passport. All Attorneys must be identified regardless of signatory samples being available.

.....Continue over page

## Section 8A – Account Operating Authority (Continued)

### Signatory 1

Signature  Date / /

Surname

Given name/s

Capacity

Sole Director       Individual       Other:

Director       Trustee

Partner       Office Holder

### Signatory 2

Signature  Date / /

Surname

Given name/s

Capacity

Director       Office Holder       Individual (joint account)

Partner       Trustee       Other:

### Signatory 3

Signature  Date / /

Surname

Given name/s

Capacity

Director       Office Holder       Other:

Partner       Trustee

### Signatory 4

Signature  Date / /

Surname

Given name/s

Capacity

Director       Office Holder       Other:

Partner       Trustee

### Post completed Application Form and accompanying documents to:

[Fund Name]  
C/- RBC Investor Services Trust – Registry Operations  
GPO Box 4471  
SYDNEY NSW 2001



## Authorised Representative Form

A person appointed as your authorised representative is authorised by you to: apply for units in the Fund(s) and sign all documents necessary for this purpose; make requests to redeem all or some of your units (receipt by the authorised representative or as directed by the authorised representative fully discharges our redemption obligations to you); and make written requests for information regarding your units.

### REGISTRY MAILING INFORMATION

Post original in the mail to:

[Fund Name]

C/- RBC Investor Services Trust - Registry Operations

GPO Box 4471

SYDNEY NSW 2001

### (A) Appointment of Authorised Representative

By signing this section, I agree to authorise, modify or delete the following third parties in relation to my account relating to the Resolution Capital Fund(s).

#### Authorised Representative 1

Add  Modify  Delete

Title  Full given name/s

Surname  Date of birth / /

Country of Residency: Australia  YES /  NO then, please name country

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Phone no. (  )  Mobile no.

Facsimile no. (  )

E-mail address:

Signature of the Authorised Rep

Date / /

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport

#### Authorised Representative 2

Add  Modify  Delete

Title  Full given name/s

Surname  Date of birth / /

Country of Residency: Australia  YES /  NO then, please name country

Residential Address (Street Address only)

Suburb  State  Postcode  Country

Phone no. (  )  Mobile no.

Facsimile no. (  )

E-mail address:

Signature of the Authorised Rep

Date / /

ATTACH: Certified copy of Australian Driver's Licence or Photo page of current passport

.....Continue over page

## (B) Account Operating Authority

Please indicate how you wish to operate your Account:

- Any one of us to sign, or  
 All of us to sign, or  
 Any two of us to sign

If you select 'any one of us to sign' each of you (including any person you appoint as an authorised representative) will be able to transact on, or otherwise operate your account independently of the others.

If you do not select an option, we will assume that 'any one of us to sign' option will apply.

## (C) Declarations and Signatures

In signing this form, the undersign confirms: I/We

- Have read, understood and agree in full with the terms and conditions set out in the relevant PDS and the Additional Information to the PDS to which this application relates;
- Authorise each representative named in this form to operate my/our account in respect of the Funds elected in the Application Form;
- Understand that an authorised representative can act solely on my account subject to section (B) of this form;
- Understand I/we are liable for any use of our account by an authorised representative;
- Acknowledge that I/we have read and understood the declarations, conditions and acknowledgements contained under the heading 'Appointment of authorised representative' in Section 5 of the Additional Information to the PDS;
- Agree to notify each authorised representative of relevant terms and conditions and any other items contained in the PDS and the Additional Information to the PDS, and any amendments to them;
- Understand that such appointments continue until I/we cancel the appointments by giving notice in writing;
- Acknowledge that the instructions provided in this form supersede all prior authorities; and
- Acknowledge and agree to be bound by the terms and conditions in the Application Form; and acknowledge, accept and declare that all the details given in this form are true and correct, and I/we undertake to inform you of any changes to the information supplied as and when they occur.

### Signatory 1

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>				
Given name/s	<input type="text"/>				
Capacity	<input type="checkbox"/> Sole Director <input type="checkbox"/> Individual <input type="checkbox"/> Other: <input type="text"/>				
	<input type="checkbox"/> Director <input type="checkbox"/> Office Holder				
	<input type="checkbox"/> Partner <input type="checkbox"/> Trustee				

### Signatory 2

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>				
Given name/s	<input type="text"/>				
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Individual (joint account) <input type="checkbox"/> Other: <input type="text"/>				
	<input type="checkbox"/> Office Holder <input type="checkbox"/> Trustee				
	<input type="checkbox"/> Partner				

### Signatory 3

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>				
Given name/s	<input type="text"/>				
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Office Holder <input type="checkbox"/> Other: <input type="text"/>				
	<input type="checkbox"/> Partner <input type="checkbox"/> Trustee				

.....Continue over page

Signatory 4	
Signature	<input type="text"/>
Surname	<input type="text"/>
Given name/s	<input type="text"/>
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Office Holder <input type="checkbox"/> Other: <input type="text"/>
	<input type="checkbox"/> Partner <input type="checkbox"/> Trustee

Date / /

Documents supplied must be certified as true copy by: a Legal practitioner duly admitted to practice in Australia; Justice of the Peace; Police Officer; Australian Consular officer; Notary Public; Australia Post agent; Australia Post permanent employee with 2+ years experience; Financial Institution officer with 2+ years experience; officer of an AFSL holder or an Authorised Representative with 2+ years experience, CPA or Chartered Accountant with 2+ years experience.

## Additional Investment Form

### Instruction

**Post:**  
 [Fund Name]  
 C/- RBC Investor Services Trust – Registry Operations  
 GPO Box 4471  
 SYDNEY NSW 2001

**Fax:**  
 [Fund Name][Investor Name]  
 C/- RBC Investor Services Trust – Registry Operations  
 +612 8262 5492

Please note additional investment requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day, requests received after 12:00pm Sydney time are deemed to be received the next business day.

Fund Information	
Please accept this additional investment request with respect to my/our investment in the below Fund(s):	
Fund Name	Amount in \$
Resolution Capital Global Property Securities Fund	
Resolution Capital Core Plus Property Securities Fund	
Resolution Capital Global Property Securities Fund (Hedged) – Series II	
Resolution Capital Global Property Securities Fund (Unhedged) – Series II	
Resolution Capital Core Plus Property Securities Fund – Series II	
Minimum additional investments in each Fund is \$5,000, or as agreed with the Responsible Entity.	
Payment Details	
<b>Payment Method:</b> <input type="checkbox"/> Electronic Funds Transfer, or <input type="checkbox"/> Real Time Gross Settlement, or <input type="checkbox"/> Cheque:	
Payment is to be made in Australian Dollars by cheque or through the following accounts by Electronic Funds Transfer ('EFT') or Real Time Gross Settlement (RTGS):	
Currency	AUD
Country	Australia
Payee	RBCIS Rescap [Investor Name]
BSB	012-003
Account Number:	836308769
<b>Deposit reference for EFT:</b> Please quote your deposit reference number	
<b>Cheque:</b> Cheques should be crossed "Not Negotiable" and made payable to: RBCIS RESCAP [Investor Name] Please note that you will incur a fee if your cheque is dishonoured.	

## Additional Investment Form *(Continued)*

### Investor Details and Authorisation

Client account number

Investor name

(For Funds/Trusts) Trustee name

#### Authorisation

I/We can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies.

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

# Redemption Request Form

## Instruction

**Post:**  
 [Fund Name]  
 C/- RBC Investor Services Trust - Registry Operations  
 GPO Box 4471  
 SYDNEY NSW 2001

**Fax:**  
 [Fund Name][Investor Name]  
 C/- RBC Investor Services Trust - Registry Operations  
 +612 8262 5492

Please note redemption requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day, requests received after 12:00pm Sydney time are deemed to be received the next business day.

## Fund Information

Please accept this redemption request with respect to my/our investment in the below Fund(s).

Fund Name	Amount in \$		Units		Entire Investment
Resolution Capital Global Property Securities Fund		OR		OR	
Resolution Capital Core Plus Property Securities Fund		OR		OR	
Resolution Capital Global Property Securities Fund (Hedged) - Series II		OR		OR	
Resolution Capital Global Property Securities Fund (Unhedged) - Series II		OR		OR	
Resolution Capital Core Plus Property Securities Fund - Series II		OR		OR	

The minimum amount you can withdraw is \$5,000 in each Fund, or as agreed with the Responsible Entity. If your withdrawal request would result in your investment balance being less than \$30,000, we may treat your withdrawal request as being for your entire investment.

## Investor details

Client account number

Investor name

(For Funds/Trust) Trustee name

## Payment instructions

Please credit my financial institution account using:

the details you hold in my records; OR

the following account details (if no account details are on record)\* :

Bank

Account Name

BSB No  Account No

\*For a change of account details, written instructions are required to be sent prior to your redemption request.

**Note:** Proceeds cannot be transferred to third party bank accounts. Nominated bank account name must be in the same name as the investor(s). For trusts or super funds, the bank account must be in the name of the trust/super fund or refer to the name of the trust/super fund e.g. 'ABC Super Fund' or 'ABC Pty Ltd ATF ABC Super Fund'.

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## Redemption Request Form (Continued)

### Authorisation

I/We can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies.

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

Signature  Date / /

Full Name:

Capacity: (e.g. director, trustee)

## Frequently Asked Questions

### APPLICATIONS

**1. What other information can I provide to satisfy AML/CTF?**

If you are not able to provide the AML/CTF information requested in the Application Form, please contact us for a list of alternative information you may supply.

**2. Who is an acceptable certifier?**

Verification documentation supplied must be certified as a true copy by:

1. A legal practitioner duly admitted to practice in Australia
2. Justice of the Peace
3. Police Officer
4. Australian Consular officer
5. Notary Public
6. Australia Post agent
7. Australia Post permanent employee with 2+ years experience
8. Financial institution officer with 2+ years experience
9. Officer of an AFSL holder or an Authorised Representative with 2+ years experience
10. CPA or Chartered Accountant with 2+ years experience

For documents certified outside Australia, the following persons may certify:

1. Notary Public
2. Australian Consular or Diplomatic Officer at an Australian High Commission or Australian Consulate-General
3. A person who is enrolled on the roll of the Supreme Court of an Australian State or Territory, or the High Court of Australia, as a legal practitioner (lawyer)
4. An authorised employee of the Australian Trade Commission who is in a country or place outside Australia
5. A Member of the Australian Defence Force who is an officer or a non-commissioned officer with 5 or more years of continuous service

**3. Can I send a copy of a certified document?**

No. You must send us the original certified copy of the document. That is, the original signature of the certifier on the photocopied document.

**4. Can I use an expired driver's licence or passport as ID?**

The Australian driver's licence must be valid and cannot be expired. An Australian passport that has expired within the preceding 2 years is acceptable.

**5. If I have to provide a certified copy of a trust deed, can I provide excerpts?**

Yes. You MUST provide certified copies of the following pages of the Trust Deed:

1. The cover page;
2. The page which documents who the TRUSTEE is, and the NAME of the TRUST (preferably on the same page, as it is required to verify the relationship);
3. The page with the date of the Trust Deed;
4. The signed pages of the Trust Deed;
5. The page that outlines the BENEFICIARIES and/or CLASS of beneficiaries of the Trust; and
6. The page which documents who the SETTLOR is.

**6. What day will I get my application processed?**

Please refer to the PDS and note, that applications are only processed once the Registry receives the correctly completed Application Form and are satisfied with the AML/CTF and other verification information.

**7. If I have provided the payment but you have questions on my Application Form, will my application be processed?**

No. This is consistent with the question above. A correctly completed Application Form and satisfied AML/CTF verification information must be received by the Registry before your application can be processed.

**8. If my cheque is addressed to the Fund Name, will it be processed?**

No. Your cheque MUST be addressed and made payable as stipulated in Section 3 of the Application Form. This is a requirement of the Registry. The Responsible Entity and Investment Manager have no discretion in the matter.

**9. If I provide my adviser access to my account information per Section 6 of Application Form, are they authorised to act on my account?**

No, they are not. Advisers will only be copied in on your transaction statements, investor communication and the Fund's Annual Financial Reports UNLESS you choose to nominate them as an authorised representative.

**10. If I am acting under a Power of Attorney (POA) do I have to provide a certified copy of the POA?**

Yes. Each page of the Power of Attorney document must be certified by a Justice of the Peace, Solicitor or Notary Public. Please also provide a certified copy of the identification document for the Attorney(s), containing a sample of their signature i.e. Australian Driver's Licence or photo page of current Passport. All Attorneys must be identified regardless of signatory samples being available.

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*Frequently asked questions (continued)*

**11. Additional investments to current account – can I fax this instruction?**

Yes.

**AUTHORISED REPRESENTATIVES**

**12. What does an authorised representative mean?**

A person appointed as your authorised representative is authorised by you to: apply for units in the Fund(s) and sign all documents necessary for this purpose; make requests to redeem all or some of your units (receipt by the authorised representative or as directed by the authorised representative fully discharges our redemption obligations to you); and make written requests for information regarding your units.

**13. Is the authorised representative required to provide AML/CTF verification information?**

Yes

**REDEMPTIONS**

**14. When will my redemption request be processed?**

Redemption requests will be processed in accordance with what is described in the PDS.

**15. Can I change the bank account I want my redemption paid to, from the account I notified on the Application Form?**

Yes you can. For your safety and for AML/CTF purposes, we will not approve a change of bank account details together with your redemption request. Change of bank account details will have to be sent to the Registry, prior to your redemption request. Refer to 'Change of Details' section of this FAQ. Please note that proceeds cannot be made to third party bank accounts. Nominated bank account name must be in the same name as the investor(s).

**16. Can I fax redemption forms?**

Yes.

**CHANGE OF DETAILS**

**17. How do I notify changes to my details?**

1. Draft a letter with the following details:

- a. Date
- b. Name of Fund
- c. Client account number
- d. Nature of change

2. Signed by authorised signatories (in accordance with your Application Form)

3. Post or fax to the Registry:

**Post:**

[Fund Name]

C/- RBC Investor Services Trust – Registry Operations

GPO Box 4471

SYDNEY NSW 2001

**Fax during business hours:**

[Fund Name] [Investor Name]

C/-RBC Investor Services Trust – Registry Operations

+612 8262 5492

**FATCA CERTIFICATION**

**18. Why do I have to provide FATCA Certification?**

The United States (US) has introduced rules – 'Foreign Account Tax Compliance Act' (known as FATCA), which are intended to prevent US persons from avoiding US tax. Australia and the US have signed an Intergovernmental Agreement to implement the FATCA requirements in Australia. Broadly, the rules may require the Fund to report details of certain US persons in the Fund to the ATO, who will then forward the information to the US tax authorities. The Fund may therefore request applicants to self-certify to determine whether the applicant is a US Person and to provide certain information in order to comply with the FATCA requirements. The Fund is required to provide certain account information about the following investors to the ATO:

- investors identified as US Persons (see below for definition);
- investors who do not confirm their FATCA status or GIIN; and
- certain Financial Institutions that do not meet their FATCA obligations (i.e. Non-participating Foreign Financial Institutions)

Please consult your tax advisor should you wish to understand the implications or compliance obligations of FATCA to your particular circumstances.

The Responsible Entity and the Fund are not liable for any loss an investor may suffer as a result of the Fund's compliance with FATCA.

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## 19. What is meant by GIIN, FATCA Status and Financial Institution?

A Financial Institution, for the purposes of FATCA, means an Investment Entity, Custodial Institution, a Depository Institution, or a Specified Insurance Company.

For example, an investor may be a Financial Institution if it is an Investment Entity.

An Investment Entity means any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:

- 1) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
- 2) individual and collective portfolio management; or
- 3) otherwise investing, administering, or managing funds or money on behalf of other persons.

An investor that is a Financial Institution (including a trustee that is a Financial institution) generally should be registered with the US Internal Revenue Service (IRS), unless an exemption applies, and receive a Global Intermediary Identification Number (GIIN) as part of the registration. If you have not registered and received a GIIN, you should provide your FATCA Status.

We suggest you review the ATO website ([www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/FATCA-detailed-guidance/?page=1#1\\_Financial\\_Institutions](http://www.ato.gov.au/General/International-tax-agreements/In-detail/International-arrangements/FATCA-detailed-guidance/?page=1#1_Financial_Institutions)) and the Australian-US Intergovernmental Agreement (IGA) to determine your FATCA obligations. You may refer to Annex II of the IGA for a description of the different FATCA status categories. The IGA is available here: <http://www.treasury.gov.au/Policy-Topics/Taxation/Tax-Treaties/HTML/Intergovernmental-Agreement>.

If you are unsure of your FATCA obligations and status, please consult your accountant or tax specialist.

A Non-participating Foreign Financial Institution (NPFFI) is a Financial Institution that is not FATCA compliant. This non-compliance arises where a) the Financial Institution has not registered for FATCA and is not otherwise exempted from compliance with FATCA, or b) the Financial Institution is treated as a NPFFI by the IRS or ATO as a result of significant non-compliance with the FATCA obligations. The Fund is required to provide certain account information of NPFFIs to the ATO. For information about registering for FATCA, please see the US Internal Revenue Service website:

<http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>

## 20. What is a U.S Persons or U.S resident for tax purposes?

You are considered a U.S. Persons<sup>2</sup> if you are:

- a U.S. citizen or U.S. resident individual;
- a partnership or corporation organised in the U.S. or under the laws of the U.S. or any State;
- a trust created in the U.S. or administered under the laws of the U.S., including a trust where:
  - i) a court within the U.S. would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and
  - ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or
- an estate of a decedent that is a citizen or resident of the United States.

You are considered a U.S. resident<sup>3</sup> if you are (unless an exemption applies):

- a Lawful Permanent Resident of the U.S. i.e. you are issued an alien registration card, also known as a "green card"; or
- physically present in the U.S. on at least 31 days during the current year, and 183 days during the 3-year period that includes the current year and the 2 years immediately before that.

U.S. Persons include an entity that has any Controlling Person(s) who is (are) US citizens or residents of the US for tax purposes.

A Controlling Person is any individual who directly or indirectly owns or exercises ultimate control over the entity. For a company, this includes any beneficial owners. For a trust, this includes beneficial owners, trustees, settlors or beneficiaries. For a partnership this includes any partners or beneficial owners.

<sup>2</sup> Please read the full definition of a 'U.S Persons' from the IRS website to determine whether you are classified as one:  
<http://www.irs.gov/Individuals/International-Taxpayers/Classification-of-Taxpayers-for-U.S.-Tax-Purposes>

<sup>3</sup> Please refer to the IRS website to determine your U.S. resident status: <http://www.irs.gov/Individuals/International-Taxpayers/Determining-Alien-Tax-Status>