



### Section 1 Investor details

<input type="text"/>		<input type="text" value="TA"/>	
Name of investor(s)		Investor number	
<input type="text" value="( )"/>			
Contact phone number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number and name	Town/Suburb	State	Postcode

### Section 2 Name of fund which request relates to

Wholesale Australian Property Fund (ARSN 088 996 392)       Australian Property Fund (ARSN 096 853 619)

Please complete a separate withdrawal form for each withdrawal request. AXA Australia will confirm the transaction details once the withdrawal of units has been completed.

### Section 3 Units to be withdrawn

Please complete section 3. All withdrawal requests must specify the number of units required, rather than dollar amount/s.

#### Section 3

Number of units to be withdrawn

### Section 4 Payment

**Paid to the Australian bank or financial institution below**

<input type="text"/>	<input type="text"/>
Bank/financial institution	Account name
<input type="text"/>	
Branch name	
<input type="text"/>	<input type="text"/>
BSB number	Account number

\* If you do not pre-nominate an Australian bank or financial institution, a cheque made payable to the investor(s) will be sent to the mailing address.

### Section 5 Investor(s) signature(s)

I acknowledge and agree to the maximum extent permitted by law to release, discharge and indemnify the responsible entity from and against all actions, proceedings, accounts, costs, expenses, charges, liabilities, claims and demands arising directly or indirectly as a result of the instructions given in this withdrawal form.

I/We acknowledge that this withdrawal request is subject to the terms and conditions set out in the Disclosure document for the relevant Fund from which the units are being withdrawn and the constitution of those Funds as amended at the time of the withdrawal, including that this withdrawal request will be cancelled if a wind up of the Fund commences. Before deciding to complete this withdrawal form, you should consider our letter to investors dated 17 February 2012 and available by visiting [axa.com.au](http://axa.com.au) > Investment > Changes to property and mortgage funds or by calling our Customer Service Centre on 131 737. This letter describes how withdrawals from the Fund will be processed and other key changes that are being made to the fund. We recommend that you read this information and discuss with your financial adviser whether withdrawing from the fund is in your best interests.

**Please sign Section 5 on page 2.**

## Section 5 Investor(s) signature(s) (continued)

### Individuals only (investor or attorneys)

If the investment is registered in the name of joint investors, each investor must sign unless you authorised 'any' investor to sign in the 'account operating instructions for joint accounts' option in the original application form.

Trustees for a partnership, superannuation fund or person under the age of 18 years must sign.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	

### Companies only

This documents was executed in accordance with the company's constitution and the Corporations Law.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office held (eg director/secretary/attorney)		Contact telephone number	

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature			Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print name		Telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office held (eg director/secretary/attorney)		Contact telephone number	

## Section 6 Important information

Please complete this withdrawal form and send/fax it to:

AXA Australia  
Customer Service  
Reply Paid 14330  
MELBOURNE VIC 8001  
Fax No. (03) 8688 5796