

RETURN YOUR FORM:

- ✉ **By mail** Australian Unity Healthcare Property Trust
C/- Computershare Investor Services Pty Limited
GPO Box 2062
Melbourne, Victoria, 8060, Australia

- ✉ **By email:** northwesthealthcare@georgeson.com

- † **In person:** Computershare Investor Services Pty Limited
Yarra Falls, 452 Johnston Street
Abbotsford, Victoria, 3067, Australia
During business hours (8:30 am to 5:00 pm AEST)

- ☎ **All enquiries to:**
1800 783 447 (within Australia)
+61 3 9473 2555 (outside Australia)

Full name(s) of registered holding

YOU ARE REQUIRED TO INSERT THIS NUMBER
Securityholder Reference Number (SRN) /
Holder Identifier Number (HIN)

--	--	--	--	--	--	--	--	--	--

FOREIGN RESIDENT CAPITAL GAINS WITHHOLDING – VENDOR DECLARATION FORM

Please refer to the Trust Scheme Booklet accompanying this form for relevant defined terms used in this form.

Under Australia's foreign resident capital gains tax withholding tax rules as set out in Subdivision 14-D of Schedule 1 to the *Taxation Administration Act 1953 (Cth) (Tax Rules)*, NorthWest Trust (as the acquirer of Units under the Trust Scheme) is required to assess whether a Unitholder is a 'foreign resident' holding a non-portfolio interest as at the Record Date.

Unless an appropriately signed and completed form (that NorthWest Trust does not know to be false) is provided to NorthWest Trust on or before **5:00 pm (Melbourne time) on Monday, 26 July 2021** confirming:

- (a) that you are an Australian tax resident; or
- (b) that you, together with your associates, will not hold a non-portfolio interest (i.e. 10% or more) in AUHPT on the Implementation Date or for any 12 month period in the two years before the Implementation Date,

then if NorthWest Trust considers or reasonably believes that you are a foreign resident, it intends to withhold and remit 12.5% of the Cash Price per Unit otherwise payable to you, to the ATO.

If you intend to provide a declaration, please complete the form below (including signing and dating the form in the spaces provided) and return the form via the following options:

By mail	By email	In person
Australian Unity Healthcare Property Trust C/- Computershare Investor Services Pty Limited GPO Box 1282 Melbourne, Victoria, 3001, Australia	northwesthealthcare@georgeson.com	Computershare Investor Services Pty Limited Level 3, 60 Carrington Street Sydney, New South Wales, 2000, Australia During business hours (8:30 am to 5:00 pm AEST)

It is important that your signed declaration is received by no later than before **5:00 pm (Melbourne time) on Monday, 26 July 2021** in order to ensure that your status is correctly reflected.

If you are in doubt as to what you should do in respect of the Tax Rules, including if you are eligible to make the declaration below, you should seek your own specialist tax advice. Penalties may be imposed on you for giving false and misleading statements.

For further details regarding the Tax Rules, please refer to the ATO website at <https://www.ato.gov.au/General/Capital-gains-tax/International-issues/Foreign-resident-capital-gains-withholding-payments/>.

VENDOR DECLARATION (ALL PARTS OF SECTION A AND B MUST BE COMPLETED)

SECTION A

UNITHOLDER DETAILS

Place an **X** in the applicable box below.

Individual → Provide date of birth ___ / ___ / _____

Company → Provide ABN or ACN (insert N/A if not applicable)

--	--	--	--	--	--	--	--

UNITHOLDER CONTACT DETAILS

Email address of the Unitholder

Phone number of the Unitholder (including area code)

 ()

SECTION B

VENDOR DECLARATION

If you wish to make a vendor declaration, please select **one** declaration only by placing an **X** in the applicable box below.

The Unitholder named overleaf is, and will be an Australian tax resident, for the period from and including the day that this declaration is made, until and including the Implementation Date.

OR

The Units held by the Unitholder named overleaf are not "indirect Australian real property interests" for the period from and including the day that this declaration is made, until and including the Implementation Date.*

This declaration has been prepared in accordance with the *Taxation Administration Act 1953* (Cth). This declaration is valid for six months from the date it is signed.

*For further detail, see the section 9 (*Taxation Considerations*) of the Trust Scheme Booklet.

SIGN

SIGN – MUST BE COMPLETED

I declare as the Unitholder named overleaf or authorised officer of the named Unitholder, that the information contained in this form is true and correct.

Full name	Full name	Full name
Relationship to the Unitholder	Relationship to the Unitholder	Relationship to the Unitholder
Signature	Signature	Signature

Date: ___ / ___ / _____

(You must provide a date here)

This form should be signed by the Unitholder. If your Units are jointly held joint holding, each Unitholder should sign. Additional forms are available from www.northwestproposal.com.au. If signed by the Unitholder's attorney, a certified copy of the power of attorney must be attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the *Corporations Act 2001* (Cth).