

# CROMWELL HEALTHCARE PROPERTY FUND (CHPF) ADDITIONAL UNIT APPLICATION FORM



This form is for existing investors in the Cromwell Healthcare Property Fund who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund. You can only use this form if your application details are unchanged.

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓). You should read the PDS dated 27 May 2024 and TMD, issued by Cromwell Funds Management Limited ABN 63 114 782 777, AFSL 333214 (CFM), before completing this investment application form.

## PART 1 INVESTOR DETAILS

Full name(s) of Registered Holding (Example: "John Smith" or "John Smith ATF John R Smith Super Fund")

## PART 2 INVESTMENT AMOUNT

Enter the amount you would like to increase your investment by.

Additional Investment Amount: \$

## PART 3 ADVISER DETAILS (if applicable)

|                    |                      |                 |  |
|--------------------|----------------------|-----------------|--|
| Adviser given name | <input type="text"/> | Adviser surname | <input type="text"/>   |
| Adviser company    | <input type="text"/> | Adviser phone   | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Adviser email      | <input type="text"/> |                 |  |
| Licensed Dealer    | <input type="text"/> | Licence No      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |

## PART 4 DECLARATION AND AUTHORISATION

I/we declare that I/we have received and read the current PDS and agree to be bound by it and the Constitution (each as amended from time to time). I/we declare that the offer was received and accepted in Australia and all information in this application is true and correct. I/we indemnify CFM against any liabilities whatsoever arising from acting on any information I/we provide in connection with this application. I/we have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. I/we acknowledge that neither CFM or any other member of the Cromwell Property Group (including its directors and employees) guarantee the Fund's performance, the repayment of capital, any particular rate of return or any distribution. In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the units will be held as joint tenants and both investors will be required to operate the account and bind the other investor for future transactions. If this application is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of the power. I/we acknowledge that I/we have read and understood the 'Privacy Statement' in the current PDS. Until I/we inform CFM otherwise, I/we will be taken to have consented to all uses of our personal information (including marketing) contained under that heading and to our adviser providing further personal information to CFM as required or reasonably deemed necessary by CFM. Any application can be accepted or rejected by CFM. I/we understand that if I/we fail to provide any information requested or do not agree to any of the possible uses or disclosure of our information as detailed in the PDS, our application may be rejected by CFM and CFM is released and indemnified in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided. I/we agree that CFM may provide details of our investment to the adviser group or adviser nominated by the means and in the format that they direct. I/we declare the tax information provided is accurate.

|                      |                      |      |  |                      |           |      |  |
|----------------------|----------------------|------|--|----------------------|-----------|------|--|
| <input type="text"/> | SIGNATURE            | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | SIGNATURE | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name                 | <input type="text"/> | Name | <input type="text"/>   |                      |           |      |  |

## PART 5 PAYMENT DETAILS

These details are required so your payment can be matched to your application form.

|  |   |
|--|---|
| <input type="checkbox"/> Electronic Transfer > BSB: 084 004 Account: 939 299 156 | <input type="checkbox"/> BPAY > 439281      |
| Account Name: CFML CHPF Application Account                                      | Reference number: <input type="text"/>      |
| Account Reference: Applicant Name  | Call 1300 737 760 for your Reference number |



Send your completed application forms to the Fund's registrar:

Email: [cromwell@boardroomlimited.com.au](mailto:cromwell@boardroomlimited.com.au)

Phone: 1300 737 760

Post: Boardroom Pty Limited  
GPO Box 3993, Sydney NSW 2001