

**Supplementary Document dated 14 June 2022**

**Offer of ordinary shares of Centuria NZ Healthcare Property Fund Limited**

This document supplements the product disclosure statement dated 1 March 2022 relating to an offer of ordinary shares by Centuria NZ Healthcare Property Fund Limited (**PDS**) by providing additional information for potential investors.

This document is to be read together with, and forms part of, the PDS. Terms defined in the glossary of the PDS have the same meaning in this supplementary document.

The PDS (which includes this document), gives you important information about this investment to help you decide whether you want to invest. There is other useful information about this offer at <https://disclose-register.companiesoffice.govt.nz>. Centuria NZ Healthcare Property Fund Limited has prepared this document in accordance with the Financial Markets Conduct Act 2013. You can also seek advice from a financial advice provider to help you to make an investment decision.

**Forecast after-tax cash distributions for periods ending 31 March 2023 and 31 March 2024**

In light of information received following the registration of the PDS (including in respect of depreciation, as detailed below), Centuria NZ Healthcare wishes to inform investors that the initial forecast **after-tax** distribution is 5.00% per annum on the amount invested for the reporting periods ending 31 March 2023 and 31 March 2024, as illustrated in the following table:

Reporting period ending (% on original investment p.a.)

	31 March 2023	31 March 2024
Pre-tax	5.00%	5.00%
After-tax	5.00%	5.00%

The after-tax cash distribution forecasts are based on Centuria NZ Healthcare’s expectation that there will be no taxable income until at least 1 April 2027, which is detailed below. The after-tax cash distribution for 31 March 2023 and 31 March 2024 is otherwise calculated on the basis of the PFI as outlined in the PDS.

Centuria NZ Healthcare is registered as a multi-rate portfolio investment entity (PIE). Centuria NZ Healthcare attributes taxable income to Shareholders based on their proportionate holding and pays tax based on their PIR.

**Expected taxable income for future periods**

Centuria NZ Healthcare has prepared internal modelling to determine expected taxable income for future reporting periods. This modelling shows that Centuria NZ Healthcare expects there will be no taxable income until at least 1 April 2027.

A scenario has been modelled to assume that rental growth is maximised (i.e. assuming the maximum 4.00% annual CPI rental growth allowed for under the Leases) and that there is no interest expense after 19 April 2025 (i.e. after the expiry of the interest rate swap), together with other assumptions noted below. Higher rental growth and a lower interest expense is conservative for the purposes of this modelling as it would result in higher taxable income.

Based on this modelling, no New Zealand income tax (PIE tax) is expected to be payable by Centuria NZ Healthcare on behalf of investors until at least 1 April 2027. Cash distribution forecasts do not extend beyond 31 March 2024.

### **Taxable income assumptions**

Several assumptions have been made for the purposes of this taxable income modelling, including the following:

- Rental growth is assumed to be 4.00% per annum, which is the maximum amount allowed for under the Leases. This is conservative for the purposes of this modelling as higher rent would increase taxable income.
- It is assumed that there is no interest expense after 19 April 2025, being the date that the interest rate swap expires. This is conservative for the purposes of this modelling as lower interest expense would increase taxable income.
- Depreciation has been assumed based on land valuations and purchase price allocation assessment reports received for each of the Initial Properties. These reports were received after registration of the PDS. Centuria NZ Healthcare can claim tax depreciation deductions on all depreciable property including buildings and landlord owned fixtures and fittings, which has the effect of reducing taxable income.
- It is assumed that Centuria NZ Healthcare does not make any future acquisitions or any disposals.
  - Any future acquisitions or disposals may change the taxable income position of Centuria NZ Healthcare depending on factors such as the yield and quantum of any transaction, and the depreciation deductions that may be available in respect of the relevant properties.
  - Taxable depreciation recovery income may arise on any future disposal which may result in tax being payable by Centuria NZ Healthcare on behalf of Shareholders.
  - The PDS states that the intention of Centuria NZ Healthcare is to grow over time through acquisitions. Due to the number of variables involved in an acquisition, any future acquisition may or may not affect the expected position that Centuria NZ Healthcare will have no taxable income until at least 1 April 2027. When evaluating any future acquisitions, the impact on the after-tax position of Shareholders would be one of the considerations the Directors would have in mind when assessing whether any acquisition is in the best interests of Centuria NZ Healthcare and its Shareholders.
- It is assumed that Centuria NZ Healthcare does not undertake any development or refurbishment of the Initial Properties. Any refurbishment or development may change the taxable income position of Centuria NZ Healthcare depending on factors such as the quantum of the development spend, potential changes in ongoing rental income and property expenditure, and potential changes in depreciation deductions. As the Leases are Triple Net Leases, the Tenant is responsible for keeping the premises in good condition having regard to their condition on the commencement date of the initial term. Centuria NZ Healthcare has no liability for repairs and maintenance.
- It is assumed that a tax deduction is claimed in relation to the Underwriting Loan for the establishment and underwriting fee paid on the initial Underwriting Loan balance and interest on the assumed ongoing balance of the Underwriting Loan.

- It is assumed that property operating expenses, property investigation expenses, administration expenses and management fees are based on those assumed in the PFI for the periods ending 31 March 2023 and 31 March 2024 and grown at CPI for future reporting periods (assumed to be 2.90% in FY24, 2.10% in FY25 and 2.00% thereafter).

# Application Form - **UPDATED**

Before completing this Application Form, applicants should read and consider the Centuria NZ Healthcare Property Fund Limited (Centuria NZ Healthcare) Product Disclosure Statement dated 1 March 2022 and Supplementary Document dated 14 June 2022 to which this application relates. If you have any questions or if there is anything you do not understand, please contact our sales representatives on 0800 BAYLEYS (229539).

Centuria NZ Healthcare, Centuria Funds Management (NZ) Limited (Centuria NZ) and Bayleys Real Estate (including the selling agents) do not provide any financial, tax or other professional advice. Before making any financial investment decisions, we recommend that you seek professional financial advice from a Financial Advice Provider which takes into account your personal investment objectives, financial situation and individual needs.

**PLEASE READ ALL INSTRUCTIONS BELOW TO ENSURE PROMPT PROCESSING OF YOUR APPLICATION. WE RECOMMEND COMPLETING AN ONLINE APPLICATION FORM AT [www.centuriahealthcare.co.nz](http://www.centuriahealthcare.co.nz). IF YOU WISH TO COMPLETE A PAPER APPLICATION FORM, PLEASE COURIER COMPLETED APPLICATION DOCUMENTS TO CENTURIA NZ HEALTHCARE PROPERTY FUND LIMITED, LEVEL 2, 30 GAUNT STREET, AUCKLAND (ATTENTION: CENTURIA NZ HEALTHCARE PROPERTY FUND LIMITED). YOU CAN ALSO EMAIL A COMPLETED HARD COPY APPLICATION FORM TO [ENQUIRIES@CENTURIA.CO.NZ](mailto:ENQUIRIES@CENTURIA.CO.NZ).**

This Application Form is issued with the Product Disclosure Statement dated 1 March 2022 and Supplementary Document dated 14 June 2022 issued by Centuria NZ Healthcare Property Fund Limited.

## Instructions on How to Complete

- Please read and complete all relevant sections of the Application Form.
- Please provide all necessary contact, tax, and bank details along with a bank account verification document.
- Please ensure that you have read and understood the information on the declaration section of this form and all parties have signed.
- If you are completing this application form on behalf of a minor, please ensure you also complete the form on page 17.
- Customer Due Diligence information is required for all applicants. Should Centuria NZ not hold the required information, our partners at First AML will be in touch with you following Centuria NZ's receipt of your application form (see page 11).

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## Section 1: Name of Investor and Applicant Contact Details

*Please provide the name of the investor and primary contact information.*

Name of individual(s) or investing entity

Are you investing as

Individual OR Joint Individuals     Partnership     Company     Trust/Estate

Other    If other, please specify

Has the Individual(s) or Investing entity invested in a Centuria NZ product previously?

Yes, investor number:

No

## Primary Contact Details

Legal Full Name

Postal Address

Email

Home or Mobile Tel



# Application Form (cont.)

## Section 3: Tax Information (cont.)

### Primary Applicant or Entity Prescribed Investor Rate (PIR)

Your Prescribed Investor Rate (PIR) is the rate at which your PIE tax is calculated on the PIE taxable income or loss from your investment. We need your PIR so that we can pay the correct amount of tax on your investments to IRD. To assist you in working out your PIR rate refer to the chart below.

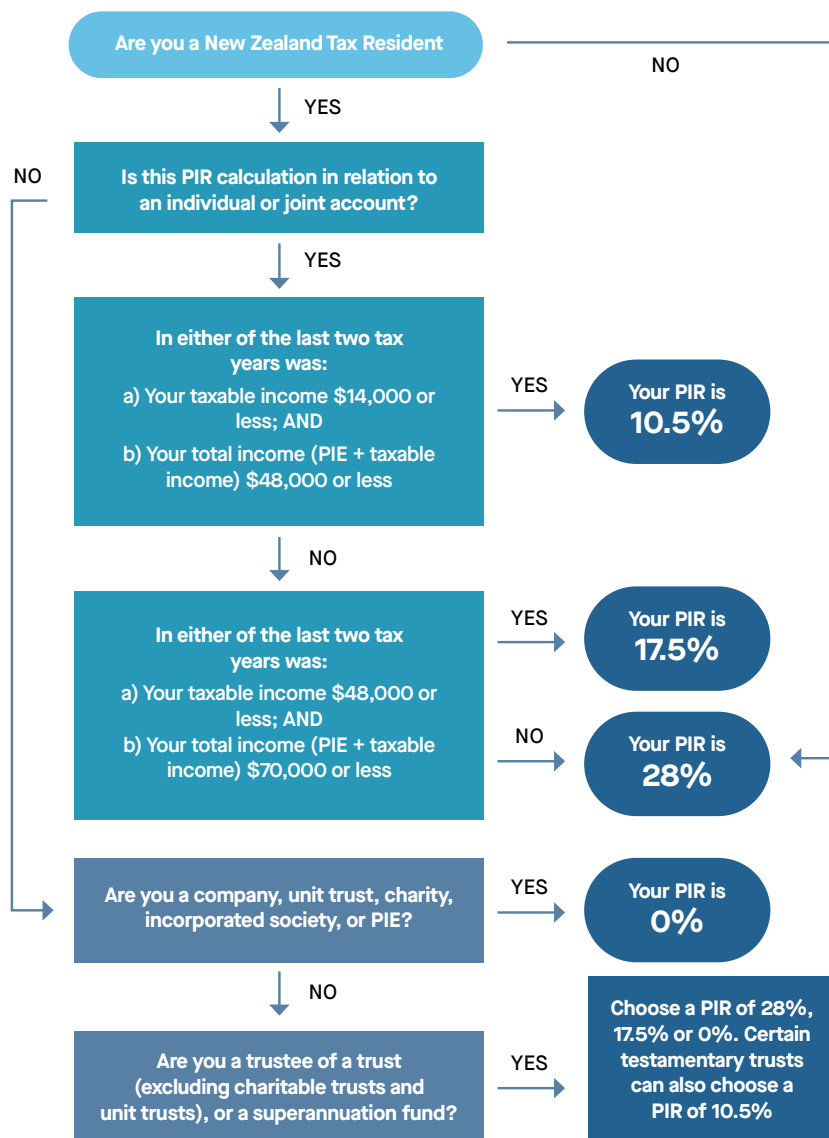
Please select one of the following:

0%   
  10.5%   
  17.5%   
  28%

- If a PIR is not selected, 28% will be applied.
- Companies, incorporated societies, charitable trusts, and certain others must select a PIR rate of 0%. Depending on your tax status, you may need to include the PIE taxable income or loss, in your tax return.
- Trusts may select a PIR of 28%, 17.5%, or 0% to best suit the beneficiaries. If the trust is a testamentary trust it may select 10.5%.
- If you are a not a New Zealand tax resident, you must select a PIR rate of 28%.

### Working out your prescribed investor rate (PIR)

For more information about taxable income, PIRs and to determine your correct PIR please refer to the IRD website (<https://www.ird.govt.nz/roles/portfolioinvestment-entities/find-my-prescribed-investor-rate>) or contact your professional tax adviser.



# Application Form (cont.)

## Section 3: Tax Information (cont.)

### Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS)

All New Zealand financial institutions are required to collect information about investors' foreign tax residency and pass that and other information onto the Inland Revenue. Inland Revenue may then share this information with the relevant tax authority if an agreement is held with that country.

**PLEASE COMPLETE THE SECTION BELOW THAT IS RELEVANT TO YOU.**

#### Individual or Joint individuals

Are you or any of the individuals investing foreign tax residents?  Yes  No If **NO**, please go to Section 4

If **YES**, please provide details for each individual below: (please include all countries/jurisdictions in which the person is a tax resident)

Legal Full Name	Date of Birth	Country of foreign tax residence	Foreign Tax Number
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
Residential Address			Country of birth
<input type="text"/>			<input type="text"/>

Legal Full Name	Date of Birth	Country of foreign tax residence	Foreign Tax Number
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
Residential Address			Country of birth
<input type="text"/>			<input type="text"/>

#### Company, partnerships, trust or other entity

**WHEN COMPLETING THIS SECTION PLEASE ANSWER BOTH QUESTIONS**

Is the entity registered for tax purposes in any country other than New Zealand?  Yes  No

If **YES**, please provide details for each individual below: (please include all countries/jurisdictions in which the entity is a tax resident)

Foreign Tax Number	Country of foreign tax residence
<input type="text"/>	<input type="text"/>

Are any controlling parties registered for tax purposes in any country other than New Zealand?  Yes  No If **NO**, please go to Section 4

If **YES**, please provide details for each individual below: (please include all countries/jurisdiction the tax person is a tax resident)

#### Companies, Partnerships, other entity

All directors, partners and shareholders that hold more than 25% ownership of the company or partnership and any other individual who has effective control.

#### Trusts

All Trustees, settlors, appointors, Executors and listed beneficiaries and any other individual who has effective control.

Legal Full Names	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**We are unable to provide tax advice, if you are unsure about your tax residency status please contact your local tax authority (Inland Revenue in NZ) or speak with a professional tax advisor. For more information about the international tax compliance regulations you can search 'FATCA' or 'CRS' on the New Zealand Inland Revenue Website.**

# Application Form (cont.)

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## Section 4: Application Amount and Payment

Amount in NZD (\$1 per Share). Application can be made in any amount over the \$10,000 minimum.

NZD\$

**PLEASE NOTE:** If you invest as a trust, a company with Nominee Shareholders or you are making an investment of \$500,000 or more, Centuria NZ will require information relating to the source of funds or wealth for this investment. Our partners at First AML will be in touch with you following the receipt of your application form to commence this process.

Please choose ONE of the PAYMENT options below. Please tick the box next to your selected option

**Option 1: Electronic Transfer/Direct Credit**

Centuria NZ or its agent will provide bank details for payment by email or phone to you once the application is complete and all customer due diligence documentation has been provided.

**Option 2: Direct Debit**

Direct debits allow Centuria NZ Healthcare, via its registry provider Boardroom Pty Limited, to deduct money from your nominated bank account as payment for your Application. If you wish to make payment by this method, please complete your account details below. By signing this application form, the signatory agrees that Boardroom Pty Limited on behalf of Centuria NZ Healthcare is authorised to direct debit the bank account below for the total Application Amount on the date that we confirm your application is complete and all customer due diligence documentation has been provided.

**Direct Debit Instructions**

Please complete the Direct Debit Authority below.

The bank account must be with a New Zealand registered bank. You cannot specify a direct debit date and you must ensure that:

- a.** the bank account details supplied are correct;
- b.** the Application Monies in the bank account for the direct debit are available on the day you submit your Application;
- c.** the person(s) giving the direct debit instruction has/have authority to operate the account solely/jointly; and
- d.** the bank account you nominated is a transactional account eligible for direct debit transactions. If you are uncertain you should contact your bank.

Should your direct debit fail, your Application may be rejected if you are unable to pay by alternative means.

# Application Form (cont.)

## Section 4: Application Amount and Payment (cont.)

### Direct Debit Authority

Name of my account to be debited (acceptor)

Name of my bank

Initiator's authorisation code

1 2 2 9 0 0 7

Bank/Branch

Account number

Suffix

(insert name of acceptor's bank)

From the acceptor to

(my bank)

By signing this Application Form I authorise you to debit my account with the amounts of direct debits from **Boardroom Pty Ltd ITF CNZ Health – Apps A/C** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- the bank's terms and conditions that relate to my account; and
- the specific terms and conditions listed below.

Please include the following information on my bank statement

### Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit on or before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.

### For Bank Use Only

Approved

Date Received

Recorded By

Checked By

Bank Stamp

# Application Form (cont.)

## Section 5: Nature and Purpose of Your Investment

This information is being requested solely for the purpose of Centuria NZ's regulatory compliance obligations (pursuant to the Anti-Money Laundering and Countering Financing of Terrorism Act 2009) and not for the purpose of allowing Centuria NZ to assess the suitability of this investment for your personal financial circumstances, financial needs or goals.

**The NATURE of your investment explains how much you plan to invest with Centuria NZ, how regularly you expect to invest and for how long you intend to hold this investment.**

How regularly do you intend to invest with Centuria NZ?

- One off investment     1-3 times a year     Each available opportunity     When funds are available

How much do you plan to invest in total with Centuria NZ on an annual basis?

- Less than \$100k     \$100k up to \$250k     \$250k up to \$500k     Over \$500k

How long do you intend to hold your investment with Centuria NZ?

- Less than 12 months     2-5 years     6-10 years     Over 10 years

**The PURPOSE of your investment explains your investment objectives and intentions, and what you are trying to achieve by investing with Centuria NZ.**

What are you looking to achieve through investing with Centuria NZ?

- Receive regular income     Achieve capital growth     Planning for retirement     Other

If other, please provide additional information


# Application Form (cont.)

## Section 6: Customer Due Diligence (CDD) Requirements (Please Complete Only One Option)

As part of its obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, Centuria NZ must undertake Customer Due Diligence (CDD) on (a) a customer (b) any beneficial owner of a customer (c) any person acting on behalf of a customer.

Every new investor and existing investor (including all trustees, beneficial owners and any person acting on behalf of the investor) is subject to CDD requirements. This ranges from verifying an investor's identity and address to obtaining the Trust Deed if a trust will hold the investment.

Centuria NZ have engaged First AML to conduct Customer Due Diligence (CDD) on our behalf. First AML will contact you directly to collect identity information and complete the CDD process. The good news is, if you have previously provided this for other Service Providers, with your consent, we may be able to use this information to save you from repeating the process.

Your information will be used for the sole purpose of conducting CDD and identity verification. Your information will remain confidential and will not be shared outside of First AML, Centuria or Boardroom Pty Limited as Centuria NZ's registry provider, other than in accordance with Centuria NZ's privacy policy.

**Please select the investor option that refers to you.**

### Option 1: Existing Investor

I am an existing investor and I have previously provided complete Customer Due Diligence documentation, the details of which are still correct.

Please note Centuria NZ will review the documents it holds on file and may request further information.

**Please go to Section 12 and complete the declaration section on Page 15.**

### Option 2: Existing Investor - I Need to Update my Investor Information

If there has been a change to your personal details (e.g. address), shareholding of your company, change in trustees you need to provide updated Customer Due Diligence documentation.

**Our partners at First AML will be in touch with you following the receipt of your application form to request all relevant Customer Due Diligence documentation.**

**Please go to Section 12 and complete the declaration section on Page 15.**

### Option 3: New Investor

I am a new investor with Centuria NZ and will meet my Customer Due Diligence (CDD) requirements.

Please complete the Customer Due Diligence section relevant to your investor type (see table below), then go to Section 12 and complete the declaration section on Page 15.

Individual & Joint Individuals (Page 12), Section 7

Partnerships (Page 13, Section 8

Company (Page 13), Section 9

Trust (Page 14), Section 10

Estates (Page 14), Section 11

**Our partners at First AML will be in touch with you following the receipt of your application form to request all relevant Customer Due Diligence documentation.**

# Application Form (cont.)

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## Section 7: Customer Due Diligence - Individual & Joint Individuals

Please provide the personal information for the following:

- Each investor
- Any individual(s) acting on behalf of the individuals e.g. Authorised Person(s), Power of attorney

Legal Full Name

Residential Address

Date of Birth

Place of Birth

Occupation

Email

Home or Mobile Tel

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Legal Full Name

Residential Address

Date of Birth

Place of Birth

Occupation

Email

Home or Mobile Tel

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Legal Full Name

Residential Address

Date of Birth

Place of Birth

Occupation

Email

Home or Mobile Tel

# Application Form (cont.)

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## Section 8: Customer Due Diligence - Partnerships

Please provide the personal information for each of the following:

- All current partners
- Any individual(s) acting on behalf of the partnership e.g. Authorised Person(s), Power of attorney
- All persons who own more than 25% of the partnership
- Any other person who has effective control of the partnership

Legal First Name(s)	Legal Family Name	Date of birth	Place of birth	Occupation
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>

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## Section 9: Customer Due Diligence - Company

Please provide personal information for:

- All current directors
- All persons who own more than 25% of the company
- Any persons acting on behalf of the company e.g. Authorised Person(s), Power of attorney
- Any other person who has effective control of the company

Legal First Name(s)	Legal Family Name	Date of birth	Place of birth	Occupation
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>

# Application Form (cont.)

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## Section 10: Customer Due Diligence - Trusts

Please provide personal information for each of the following:

- All current trustee(s)
- All appointer(s)
- Any individual(s) acting on behalf of the trust e.g. Authorised Person(s), Power of attorney
- All directors of the Corporate Trust Company (if Applicable)

Legal First Name(s)	Legal Family Name	Date of birth	Place of birth	Occupation
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>

### Corporate Trustee Company

Full Name of contact	Company Name
<input type="text"/>	<input type="text"/>
Email	Home or Mobile Tel
<input type="text"/>	<input type="text"/>

We require photo identification and address verification for all directors of the Corporate trustee company, our partner First AML may also need to follow up with them regarding additional CDD documentation.

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## Section 11: Customer Due Diligence - Estates

Please provide personal information for each of the following:

- All executor(s)
- All trustee(s)
- Any individual(s) acting on behalf of the estate
- Any other person who has effective control of the estate e.g. Authorised Person(s), Power of attorney

Legal First Name(s)	Legal Family Name	Date of birth	Place of birth	Occupation
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>

# Application Form (cont.)

## Section 12: Declaration and Signature

I/We hereby apply for the Shares as set out above subject to the terms and conditions of the Product Disclosure Statement dated 1 March 2022 and Supplementary Document dated 14 June 2022 (together, the Product Disclosure Statement).

I/We have received, read and understood the Product Disclosure Statement. I/We understand the risks to the Centuria NZ Healthcare Property Fund Limited's Business and Plans as set out at Section 8 of the Product Disclosure Statement. I/We acknowledge that the offer of Shares in the Product Disclosure Statement was made to me/us in New Zealand, or Australia or any other country in which Centuria NZ Healthcare Property Fund Limited is able to offer to persons without having to prepare a disclosure document. I/ We agree to accept the Shares as applied for or any lesser number that may be issued to me/us. I/We hereby consent to Centuria NZ and Centuria NZ Healthcare Property Fund Limited disclosing such information as it holds in respect of me/us to regulatory authorities. The information I/We have provided in this Application Form is true and correct to the best of my/our knowledge. I/We understand that Centuria NZ Healthcare Property Fund Limited and Centuria NZ have not assessed the suitability of this investment for my/our personal financial circumstances, financial needs or goals nor provided any personalised financial advice.

### Privacy Act 2020 & Unsolicited Electronic Messages Act 2007

You have a right to access all personal information held about you by us. If any of the information is incorrect, you have the right to have it corrected. You acknowledge that you are authorised to provide this personal information. The personal information you have supplied may be used by Centuria NZ Healthcare Property Fund Limited and Centuria NZ (and other related entities) for the purposes of enabling us to arrange and manage your investment, to contact you in relation to your investment, and to market other products and services to you. You authorise us to disclose your personal information to any third parties as needed to perform services on your behalf; to regulatory bodies or law enforcement agencies as required by law; and to meet our legal or regulatory obligations. We will provide you (on request) with the name and address of any entity to which information has been disclosed.

### Signatures

If the application form is signed by an Attorney (or an agent), the Attorney must complete the certificate of non-revocation on the following page.

**Please note: All individual(s) must sign, all trustee(s) (including 2 director(s) from the corporate trustee) must sign, 2 director(s) of company must sign. Failure to do so will delay your application.**

/ / 2022

Applicant Signature

Applicant Name

Applicant Signature

Applicant Name

Applicant Signature

Applicant Name

Applicant Signature

Applicant Name

# Application Form (cont.)

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## Section 12: Declaration and Signature (cont.)

### Certificate of Non-Revocation of Power of Attorney

Complete this section if you are acting on behalf of someone for whom you hold Power of Attorney.

I,  (Name of Attorney)

of  (Address and Occupation of Attorney)

#### Hereby Certify

1. That by deed dated  /  /  (Name of Power of Donor of Attorney)

Address and country of donor

of  appointed me his/her/its attorney

2. That I have not recieved notice of any event revoking the power of attorney.

Signed at  Place this  Day of  Month 2022

Signature

# Application Form (cont.)

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## Section 12: Declaration and Signature (cont.)

### Indemnity in Respect of the Issue of Shares to a Minor (Section 102 Contract and Commercial Law Act 2017)

To: Centuria NZ Healthcare Property Fund Limited (Centuria NZ Healthcare)

We  and

(the "legal guardians/parents") of:

(the "minor")

shall keep Centuria NZ Healthcare indemnified on demand from and against all actions, proceedings, claims, damages, losses, costs and expenses incurred or suffered by Centuria NZ Healthcare arising from or in connection with the issue of Shares in Centuria NZ Healthcare to the minor and the entry of the minor into the contract constituted by the application form (Form) contained in this product disclosure statement for the offer of Shares in Centuria NZ Healthcare dated 1 March 2022 and Supplementary Document dated 14 June 2022 (PDS) for and on behalf of the minor.

We acknowledge that:

- we have requested, and consent to, the issue of \$  of Shares (at \$1.00 per Share) in Centuria NZ Healthcare to the minor;
- we have reviewed, and understand the content of, the PDS and the Form; and
- this indemnity may not be revoked unless Centuria NZ Healthcare agrees in writing.

### Signed as a Deed

Print name

Date  /  / 2022

In the presence of:

Name

Occupation

Address

Print name

Date  /  / 2022

In the presence of:

Name

Occupation

Address

# Centuria

[centuria.co.nz](http://centuria.co.nz)