



Cromwell Property Group
 Cromwell Corporation Limited ABN 44 001 056 980
 Cromwell Diversified Property Trust ARSN 102 982 598
 (the responsible entity of which is Cromwell Property Securities Limited
 ABN 11 079 147 809, AFSL 238 052)

Locked Bag A14
 Sydney South NSW 1235 Australia
 Telephone: +61 1300 268 078
 Email: invest@cromwell.com.au
 Website: www.cromwellpropertygroup.com

Full Name(s) of Registered Holding

(Enter the given and last names of all securityholder(s) shown on the securityholder documents)

Account Designation

Registered Address

(The actual address that is shown on the securityholder documents)

<input type="text"/>	
Postcode	<input type="text"/>

Securityholder Reference Number (SRN)

A REQUEST FOR TRANSMISSION – SURVIVING JOINT HOLDER(S)

Please complete this form in BLACK INK using capital letters. Photocopies will not be accepted.

1. Register of Surviving Holders

Title and Full Name of Surviving Holder 1

<input type="text"/>	<input type="text"/>
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Title and Full Name of Surviving Holder 2

<input type="text"/>	<input type="text"/>
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2. Account Designation (if applicable)

3. Address to be recorded on the Register. Only one address can be recorded.

Unit Number/Level <input type="text"/>	Street Number <input type="text"/>	Street Name <input type="text"/>	State <input type="text"/>	Post Code <input type="text"/>
Suburb/Town <input type="text"/>			<input type="text"/>	<input type="text"/>

I/We am/are the surviving holder(s) of a joint holding of the securities described above.

The securities are held jointly with the deceased. I/we request you register me/us as the holder(s) of the securities and agree to hold them under the same terms and conditions as previously held.

Proof of death must be provided (originally certified copy of death certificate, probate etc).

4. Contact Name <input type="text"/>	Telephone Number (Business Hours) <input type="text"/>	Telephone Number (After Hours) <input type="text"/>
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B SIGNATURE(S) OF SURVIVING HOLDER(S) – THIS MUST BE COMPLETED

Surviving holder 1 <input type="text"/>	Surviving holder 2 <input type="text"/>	Date <input type="text"/>
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HOW TO COMPLETE THIS FORM

A Request for transmission – Surviving Joint Holder(s)

Enter the following in the spaces provided:

1. The full name(s) of the surviving holder(s).
2. Account Designation to be added if applicable.
3. The address details to be entered on the Register. This should be the address for the delivery of all future correspondence.
4. A contact name and telephone number of a person in the event that the Registry has a query regarding this form.

Important notice: If the holding is a broker sponsored holding in CHESSE, do not send this completed form to Link Market Services Limited. You must contact the sponsoring broker to lodge a Request to Register Surviving Holder(s) form.

B Signature – all surviving holder(s) must sign

Personal Information Collection Notification Statement: Link Group advises that personal information it holds about you (including your name, address, date of birth and details of the financial assets) is collected by Link Group organisations to administer your investment. Personal information is held on the public register in accordance with Chapter 2C of the Corporations Act 2001. Some or all of your personal information may be disclosed to contracted third parties, or related Link Group companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am–5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.