

Transmission Election

A Details of Issuer	Stockland Direct Office Trust No. 2
Full Name(s) of Registered Holding	<input style="width: 90%;" type="text"/>
Registered Address	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
Post Code	<p style="text-align: center;">You are required to insert this number</p> <p style="text-align: center;">Seller(s) Instalment Receipt Holder Number (HN)</p> <input style="width: 90%; text-align: center;" type="text"/>

B Transmission Application		
Description of Securities	<input style="width: 80%;" type="text" value="Instalment Receipts"/>	Number of Securities held
<p>I/We claiming to be legal personal representative(s) of the abovenamed deceased / bankrupt / mentally or physically incapable person / other in respect of the securities held under the HN above do hereby apply to be registered as the holder(s) of the securities.</p> <p>I/We agree to take and hold the securities subject to the several conditions as stated in the Security Trust Deed dated 14 July 2005, between Stockland Funds Management Limited ABN 86 078081722 and Permanent Trustee Company Limited ACN 000 000993 ('Security Trustee') on which they were held by the said person, including: (i) the obligation to pay the Final Instalment on the Final Instalment Payment Date, free set-off or counter-claim; (ii) the liability to pay Default Interest and recovery costs and charges if the Final Instalments is not paid on its due date; (iii) the requirement that no Encumbrance may be created or arise or continue to exist over the Instalment Receipt; (iv) the requirement that any transfer or transmission election is to be in the form prescribed by the Security Trust Deed.</p> <p>I/We give notice that my/our name(s) and address is as stated below and request the same be entered in the register of securityholders.</p>		
Full name of Executor(s) or Administrator(s)		
<input style="width: 98%;" type="text"/>		
<input style="width: 98%;" type="text"/>		
<input style="width: 98%;" type="text"/>		
Address to be recorded on the register		
Unit	Street Number	Street Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
OR Post Office Box or other mail details (if applicable)		
<input style="width: 98%;" type="text"/>		
City/Suburb/Town	State	Post Code
<input style="width: 90%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Contact Name	Telephone Number - Business Hours	Telephone Number - After Hours
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text" value="()"/>	<input style="width: 90%;" type="text" value="()"/>

C Sign Here – This section <u>must</u> be signed for your instructions to be executed		
I/We authorise you to act in accordance with my/our instructions set out above.		
All Executor(s)/Administrator(s) must sign		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	Date	Month Year
	<input style="width: 100%;" type="text" value="/"/>	<input style="width: 100%;" type="text" value="/"/>
<p>Executors/Administrators: When the holding is in the name of an Estate, all Executors/Administrators are required to sign.</p> <p>Power of Attorney: To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.</p>		