VITAL HEALTHCARE PROPERTY TRUST
DISTRIBUTION REINVESTMENT PLAN
ELECTION NOTICE

DO NOT COMPLETE UNTIL YOU HAVE READ THE TERMS OF THE VITAL HEALTHCARE PROPERTY TRUST DISTRIBUTION REINVESTMENT PLAN. (Expressions defined in the terms of the Vital Healthcare Property Trust Distribution Reinvestment Plan dated 10 November 2015 shall have the same meaning in this notice).

I/We acknowledge that I/we have received and read a copy of the terms of the DRP.

I/We elect during the currency of the DRP to apply any distribution payable to me/us on the number(s) of units held by me/us indicated below towards subscribing for fully paid units in the Trust under the DRP set out in the terms of the DRP and in the manner set out below.

I/We authorise you to issue such units to me/us and to enter particulars of the units in the register of unitholders of the Trust and I/we agree to hold such units upon the terms and conditions set out in the Trust Deed of the Trust.

RESIDENCE FOR TAXATION PURPOSES
Please indicate your country of residence for taxation purposes in the box below.

PARTICIPATION ELECTION
I/We nominate that the following units held by me/us will participate in the DRP on the terms and conditions set out in the terms of the DRP.

Full participation
All the units from time to time registered in my/our name(s) (Please tick)

OR:
Partial participation – either:
(a) The following proportion (as a percentage) of the units from time to time registered in my/our name(s); OR (state %)

(b) The following number of the units registered in my/our name(s) (state no.)

OR:
Terminate my/our participation in the DRP (Please tick)

I/We acknowledge that this election shall continue to apply until varied or terminated by written notice (or deemed varied or terminated) in accordance with the terms of the DRP.
FOR AN INDIVIDUAL OR HOLDER OF POWER OF ATTORNEY
Signed by the unitholder(s):

FOR A COMPANY
Signed by the unitholder:

Director/Authorised signatory

DATED the ________________ day of ____________________________

NOTES AND INSTRUCTIONS FOR COMPLETION OF ELECTION NOTICE

1. Lodgement instructions: To ensure your participation in the DRP, please return this Election Notice as soon as possible. To be effective in respect of any distribution, the Election Notice must be received by the Registrar on or before the relevant Record Date. Subject to the terms of the DRP, participation automatically applies to all subsequent distributions.

2. Individuals: Individuals and attorneys should sign and date this form where marked.

3. Companies: Companies must sign in accordance with the Companies Act 1993 and their constitution (if any), and date this form where marked.

4. Joint holders: If the units are registered in the names of joint holders, all holders must sign this form.

5. Power of attorney: If this form is signed under a power of attorney, a copy of the relevant power of attorney must be submitted with this form for noting and return (unless previously noted by the Registrar), together with a certificate of non-revocation of power of attorney. Where such power of attorney has already been noted by the Trust, then this fact must be stated under the signature of the attorney and a copy of any acknowledgement from the Trust attached.

6. On completion: On completion please send the signed form to:
   Vital Healthcare Property Trust
c/- Computershare Investor Services Limited
Private Bag 92119
Victoria Street West
Auckland 1142
New Zealand
CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

1. (Full name of attorney) of (Place and country of residence, and occupation) CERTIFY:

OPTION 1 – please complete the following if you are an individual acting on behalf of someone for whom you hold power of attorney

1. That by deed dated the ______ day of ______ / ______ of ______ appointed me his/her/its attorney; AND

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

OPTION 2 – please complete the following if you are a body corporate acting on behalf of someone for whom you hold power of attorney

1. That by deed dated the ______ day of ______ / ______ of ______

(appointed as attorney)

(appointed as attorney)

appointed as attorney (Full name of body corporate holding power of attorney)

a body corporate having its registered office or principal place of business at ______

(Address of registered office or principal place of business)

and I am authorised to give this certificate on its behalf.

The capacity in which I give this certificate for the attorney is as: [ ] director [ ] officer [ ] or other capacity

AND

2. That I have not received notice of any event revoking the power of attorney and to the best of my knowledge and belief no such notice has been received by: ______ or by any employee or agent of that body corporate.

(Signed at ______ this ______ day of ______ / ______)

(Signature of attorney)