



ARGOSY PROPERTY LIMITED DIVIDEND REINVESTMENT PLAN

ELECTION NOTICE

DO NOT COMPLETE UNTIL YOU HAVE READ THE TERMS OF THE ARGOSY PROPERTY LIMITED DIVIDEND REINVESTMENT PLAN. (Expressions defined in the terms of the Argosy Property Limited Dividend Reinvestment Plan dated 30 June 2020 shall have the same meaning in this notice.) You may make your election to participate in the DRP, or vary an existing participation election, by visiting the website of Argosy's Registrar, Computershare Investor Services at www.investorcentre.com/nz or by completing this form and returning as per instructions overleaf.

Name(s):

(Print Name(s) as shown on your Securities Transaction Statement)

Address:

CSN/Shareholder Number:

(from your Securities Transaction Statement)

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 dividend payable to me/us on the number(s) of shares held by me/us indicated below towards subscribing for fully paid shares in the Company 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 shares to me/us and to enter particulars of the shares in the register of shareholders of the Company and I/we agree to hold such shares upon the terms and conditions set out in the Company's constitution.

RESIDENCE FOR TAXATION PURPOSES

Please indicate your country of residence for taxation purposes in the box below.

I/We nominate that the following shares 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 shares 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 shares from time to time registered in my/our name(s); **OR** (state %)

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

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 shareholder(s):

FOR A COMPANY

Signed by the shareholder by:

(Director/Authorised signatory)

DATED the

day of



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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 dividend, the Election Notice must be received by the Registrar on or before the relevant Election Date. Subject to the terms of the DRP, participation automatically applies to all subsequent dividends.
- 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 shares 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, the relevant power of attorney must be submitted with this form for noting and return, and the certificate of non-revocation of power of attorney printed below must be completed. Where such power of attorney has already been noted by the Company, then this fact must be stated under the signature of the attorney and a copy of any acknowledgement from the Company attached.
- 6. ON COMPLETION:** On completion please send the signed form to:
Argosy Property Limited
 c/- Computershare Investor Services Limited
 Private Bag 92119
 Victoria Street West
 Auckland 1142
 New Zealand
 Alternatively, scan and email the completed form to **drp@computershare.co.nz**. Please put "Argosy DRP" in the subject line for easy identification.

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

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

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
 (Full name of person for whom attorney is signing) (Place and country of residence of person for whom attorney is signing)

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
 (Full name of person for whom attorney is signing) (Place and country of residence of person for whom attorney is signing)

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 / other capacity (please circle one); **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.
 (Full name of body corporate holding attorney)

Signed at this day of /

 (Signature of attorney)