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14 July 2017

#### COMPLETION OF COMPULSORY ACQUISITION AND CHANGE OF RESPONSIBLE ENTITY

NorthWest Healthcare Properties Real Estate Investment Trust (TSX:NWH) (**NorthWest**) today announces that NorthWest Australia<sup>1</sup> (**NorthWest Australia**) has completed the compulsory acquisition of all the outstanding units in Generation Healthcare REIT (ASX:GHC) (**Generation**). Accordingly, NorthWest Australia now owns 100% of the units in Generation.

NorthWest Australia has dispatched a letter and claim form to relevant Generation unitholders advising them how to claim their consideration. A sample copy of the letter and claim form is attached.

NorthWest also announces that NorthWest Australia has today passed a resolution as sole unitholder of Generation to appoint NorthWest Healthcare Australia RE Limited, a controlled entity of NorthWest, as the responsible entity of Generation in place of APN Funds Management Limited. The necessary documents to give effect to this change have been lodged with the Australian Securities and Investments Commission.

#### **Further Information**

For further information please contact the NorthWest Offer Information Line from within Australia on 1800 129 431 or from outside Australia on +61 1800 129 431.

<sup>1</sup> NorthWest Australia AssetCo Pty Ltd as trustee for NWH Australia Asset Trust (**NorthWest Australia**), a controlled entity of NorthWest.

1



Responsible Entity APN Funds Management Limited ABN 60 080 674 479 AFSL No 237500 Level 30, 101 Collins Street Melbourne Victoria 3000 Australia

> T +61 (0) 3 86561059 F +61 (0) 3 8656 1010

generationreit.com.au investor@generationreit.com.au

13 July 2017

[Name/Address Line 1] [Name/ Address Line 2] [Name/ Address Line 3] [Name/ Address Line 4]

Dear former unitholder

## Units formerly held by you in Generation Healthcare REIT

Following the successful off-market takeover offer by NWH Australia AssetCo Pty Ltd as trustee for NWH Australia Asset Trust (**NWH Australia**) for the units in Generation Healthcare REIT (**GHC**), NWH Australia commenced the compulsory acquisition of all of the outstanding GHC units (**GHC Units**).

In accordance with the notice of compulsory acquisition sent to you on 9 June 2017, NWH Australia has now completed the compulsory acquisition of your GHC Units and you are no longer a unitholder.

The consideration to which you are entitled for the compulsory acquisition is the same as that payable under the takeover offer, and is \$2.30 for each of your GHC Units (**Consideration**). No distribution has been made by GHC which would reduce this amount. Your Consideration is currently being held by GHC in trust for you.

To receive your Consideration, please provide instructions to the responsible entity of GHC as soon as possible as to how to deal with it by completing the attached Claim Form and returning it by using the enclosed self-addressed envelope to:

Link Market Services Limited Generation Healthcare REIT Takeover Locked Bag A14 SYDNEY SOUTH NSW 1235

Please note that if you do not instruct the responsible entity of GHC as to how it should deal with your Consideration, your Consideration will in due course be listed as unclaimed money in the Australian Securities and Investments Commission Gazette and ultimately transferred to ASIC to be dealt with as unclaimed money.

Please note that although APN Funds Management Limited is currently the responsible entity of GHC, this will soon change and so the new responsible entity will have responsibility for managing your claims for Consideration.

If you have any queries in relation to this process or your entitlements, please contact the GHC unitholder information line on 1300 554 474 (within Australia) or +61 1300 554 474 (from outside Australia).

Yours sincerely,

Ms Chantal Churchill Company Secretary On behalf of APN Funds Management Limited as the responsible entity of Generation Healthcare REIT



**Contact Details** 

**Telephone Number** 

# **Generation Healthcare REIT Compulsory Acquisition Cash Proceeds Claim Form**



|   | «Name & Address_1» «Name & Address_2» «Name & Address_3» «Name & Address_4» «Name & Address_5» «Name & Address_6»                  |   |  | Unitholder Reference N<br>«SRN<br>* «SRNHIN_E   | I/HIN»                 |
|---|--|---|--|---|------------------------|
| it, you s<br>Use this<br>your ur  | should consult your financia<br>s Claim Form to obtain the o   | l, legal or professiona<br>cash amount to which<br>lealthcare REIT ("GHO                                | I adviser immedi<br>you are entitled   | u are in any doubt as to how to de<br>ately.<br>I following the compulsory acquisi<br>ralia AssetCo Pty Ltd as trustee fo                             | tion of                |
|   | Number of your GHC Units<br>Australia  | •   | Cash considera   | ition payable to you at A\$2.30 per<br>GHC Unit   |                        |
|   | «Units»  |   | А  | A\$«Consideration»  |                        |
| (a) inst<br>Uni<br>by (   | ts by NWH Australia, as sportinary mail (or in the case firm to GHC that the address the same as in the GHC respecified above); or | the consideration duecified above, by ser of an address outsides to which my/our coregister immediately | e to me/us for to<br>nding a cheque folial de Australia, by a<br>consideration is to<br>before the trans | the compulsory acquisition of my/<br>for such amount(s) made payable<br>airmail);   | to me/us               |
|   | as follows (only complete if your address has chasert new address (if applicable):   |   | T  | ave provided a new address, you mu  | et                     |
|   | sert new address (II applicad  | ile):   | provide certifice such as a drive utility statemer   | ed copies of supporting document<br>ver's licence, council rates notices<br>nts that show your new address ar<br>dress as recorded on the GHC registe | s,<br>or<br>nd         |
| discharg<br>acquisiti   | e of all obligations of NWH  | Australia and GHC to that GHC, NWH A  | o me/us in resp<br>australia and Lin   | ted cheque will be a complete relect of the consideration for the conk Market Services Limited ("Link   | mpulsory               |
| telephone   | ee overleaf for instructions on<br>e number where you can be co<br>re(s) - To be completed by                                      | ontacted during busine  | ss hours   | en sign and date here and provide de  | tails of a<br> -<br> - |
| Unitholder 1 (Individual)  Joint Unitholder 2 (Individual)  Joint Unitholder 3 (Individual) |  |   |  |   | . (                    |
| Sole Direc  | etor and Sole Company  | Director/Company  | Secretary  | Director (if a company)   |                        |
|   | etary (if a company)   | (delete one) (if a co   |  | Director (ii a company)   |                        |

**Contact Name (PRINT)** 

Date

# Generation Healthcare REIT Compulsory Acquisition Cash Proceeds Claim Form

#### Instructions for completion of this Claim Form

- 1. Read this form carefully.
- 2. If your address has changed from the address specified on this form, complete your address details in the space provided in paragraph (b) of the Claim Form.

If you have inserted new address details in the space provided in paragraph (b), you must provide certified copies of supporting documents, such as a driver's licence, council rates notices or utility statements that show your new address.

- 3. Sign and date this form in the space provided.
- (a) Individuals

A single signature is required from the former unitholder.

(b) Joint Holders

All joint former unitholders must sign this Claim Form.

(c) Corporations

This Claim Form must be signed by:

- two directors or a director and company secretary;
- where the company has a sole director and there is no company secretary, or where the sole director is also the sole company secretary, that director may sign alone; or
- a duly appointed attorney.

### (d) Power of Attorney and Deceased Estates

If this Claim Form is signed under power of attorney, or by the executors of a deceased estate, or by the administrators, the relevant power of attorney, certified copies of probate or letters of administration, together with any other documents required by law, must be attached.

If this Claim Form is signed under power of attorney, the attorney declares that they have no notice of revocation of that power.

(e) Trust or Partnership

The signatory must produce the trust instrument, partnership agreement or other authority (or a certified copy of it) to act in that capacity acceptable to Link.

4. Return this form (properly completed, signed and dated) and any other documents required by these instructions in the enclosed reply paid envelope or deliver to:

Postal Address:

Link Market Services Limited Generation Healthcare REIT Takeover Locked Bag A14

SYDNEY SOUTH NSW 1235

#### Hand delivery:

Link Market Services Limited
Generation Healthcare REIT Takeover
1A Homebush Bay Drive
RHODES NSW 2138

# Queries

If you have any queries in relation to this Claim Form or in relation to the compulsory acquisition of the GHC Units formerly held by you, please call the GHC unitholder information line on 1300 554 474 (within Australia) or +61 1300 554 474 (from outside Australia).

#### **Privacy Statement**

Information that you supply in this Claim Form will be used by GHC, NWH Australia and Link for the primary purpose of providing you with the consideration for the compulsory acquisition of your GHC Units. This information may be disclosed to NWH Australia and GHC professional advisers, printing and mailing providers and other third parties in connection with that payment. If you fail to supply the requested information, GHC may not be able to provide the relevant consideration to you. You have rights to access the personal information you have supplied. Please see Link's privacy policy on its website www.linkmarketservices.com.au.