Inland Real Estate Investment Corporation

CHANGE OF ADDRESS FORM

All stockholders must complete Section A in its entirety. Please indicate which address(es) should be changed by checking the box in Section B or Section C or both, as applicable.



Please indicate the fund(s) for which the change is requested (the Company):

Printed Name of Signer		Printed Name of Signer	Printed Name of Signer	
Signature - Investor, RR or IAR	Date	Signature - Co-Investor	Date	
D - SIGNATURE(S) - Investor(s) or the Regis	stered Representative (KK) OF INVESTMENT Advisor Represent	auve (IAK) of record may sign.	
City D. SIGNATURE(S) Investor(s) or the Region	stored Penrocentative /	State	Zip	
Address				
New Mailing Address - please change	e to:			
C - MAILING ADDRESS				
Daytime Telephone Number				
City		State	Zip	
Address				
New Residence Address - please cha	ange to:			
B - RESIDENCE ADDRESS				
			-	
City		 State	Zip	
Address				
Current Registration Address:				
Name(s): Exactly as it appears on the acc	count			
A - INVESTOR INFORMATION				
Acct #:	Acct #:		Acct #:	

MAIL OR FAX COMPLETED FORM TO:

Regular Mail:

Inland Real Estate Investment Corporation c/o DST Systems, Inc. P.O. Box 219182 Kansas City, Missouri 64121-9182 **Overnight Delivery:**

Inland Real Estate Investment Corporation c/o DST Systems, Inc. 430 W 7th Street Kansas City, Missouri 64105 Questions:

Inland Investor Services 800.826.8228 Fax: 855.223.2479