

Inland Real Estate Investment Corporation

CHANGE OF DISTRIBUTION ELECTION FORM

ANY ACCOUNTS HELD AT A CUSTODIAN, REQUIRE THE AUTHORIZATION OF THE CUSTODIAN.
CONTACT THE CUSTODIAN FOR SUCH REQUIREMENTS.



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

☐ Inland Real Estate Income Trust, Inc. ☐ InPoint Commercial Real Estate Income, Inc. Inland Account # (Required) _____

A - CHANGE OF DISTRIBUTION ELECTION

☐ Mail funds to Residence Address / Custodian (For Custodial held positions all funds will be sent directly to the Custodian of record)

☐ Distribution Reinvestment Plan "DRP": (Only available to Inland Real Estate Income Trust, Inc.) Stockholder certifies that he/she has received and read a copy of the prospectus relating to the Company's Distribution Reinvestment Plan ("DRP"). Stockholder elects to participate in the DRP and reinvest the entire cash distribution and agrees to abide by the terms and conditions of the DRP. Enrollment in the DRP requires a broker dealer be current on the account. Removal of the broker dealer will result in automatic termination in the DRP.

☐ Send Distribution to a Third Party or via ACH:

☐ Via Mail (Complete #1 - #4 below)

☐ Via Electronic Deposit (ACH) (Complete #1 - #5 below. A voided check/deposit slip must be submitted or your request will not be processed)

Please check type of account: ☐ Checking (Attach a pre-printed VOIDED check) ☐ Savings (Attach a VOIDED deposit slip)

1. Name of Bank, Brokerage Firm or Individual* _____
2. Distribution Mailing Address _____
3. City _____ State _____ Zip _____
4. Account # (if applicable) _____
5. Bank Routing # _____
(For ACH Only)

* If cash distribution is sent to an individual other than the registered owner or custodian of record, the stockholder's signature(s) must be medallion guaranteed.

I authorize the Company or its agent(s) to deposit my distribution to my checking or savings account. This authority will remain in force until I notify the Company in writing to cancel it. In the event the Company or its agent(s) deposit funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

B - SIGNATURE(S)

Signature - Stockholder

Date

Signature - Co-Stockholder

Date

Printed Name of Stockholder

Printed Name of Co-Stockholder

Daytime Telephone Number

Signature - Custodian

SEND COMPLETED FORM TO:

Regular Mail ~ P.O. Box 219182, Kansas City, Missouri 64121-9182

Overnight Delivery ~ 430 W. 7th Street, Kansas City, Missouri 64105

Fax Delivery - 855.223.2479 (Except when medallion signature guaranteed)

E-mail Delivery - Inland@dtsystems.com (Except when medallion signature guaranteed)

Inland Investor Services - 800.826.8228

Medallion Signature Guarantee or Official Stamp
of Custodian (See Asterick For Requirements)