

Inland Real Estate Investment Corporation

APPLICATION FOR TRANSFER FOR CUSTODIAL ACCOUNTS



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

☐ Inland Real Estate Income Trust, Inc. ☐ InPoint Commercial Real Estate Income, Inc.

A - CURRENT ACCOUNT INFORMATION - To be completed by current owner. Please print exactly as it appears on the account.

Name _____

Address _____

City _____ State _____ Zip _____

Social Security/Tax ID # _____ Inland Account # _____ ☐ All or _____ # of Shares to be Transferred

B - CURRENT CUSTODIAN/STOCKHOLDER(S) SIGNATURE - (Required)

Signature of Custodian / Stockholder _____ Date _____

Printed Name of Signer _____

Capacity (Required): ☐ Custodian ☐ Personal Representative ☐ Executor/Executrix

☐ Power of Attorney ☐ Stockholder ☐ Trustee ☐ Successor Trustee ☐ Guardian

Medallion Signature Guarantee or
Official Stamp of Custodian (Required)

Co- Stockholder Signature (If applicable) _____ Date _____

Printed Name of Signer _____

Capacity (Required): ☐ Custodian ☐ Personal Representative ☐ Executor/Executrix

☐ Power of Attorney ☐ Stockholder ☐ Trustee ☐ Successor Trustee ☐ Guardian

Medallion Signature Guarantee or
Official Stamp of Custodian (Required)

C - TYPE OF TRANSFER. To be completed by new custodian - Check one box and provide all requested information.

☐ Re-registration (Name Change, Divorce/Separation, Individual to Trust, etc.)

☐ Re-registration Custodian Change

☐ Inheritance Date of Death _____ or Alternate Cost Basis Date or Valuation Per Share _____
(Include Certificate)

☐ Secondary Market/Third Party Transaction Cost Per Share (Required) \$ _____

☐ Other (Please Specify) _____

D - NEW ACCOUNT INFORMATION - To be completed by new custodian. Check one box and provide all requested information.

☐ Traditional IRA ☐ Roth IRA ☐ S.E.P. ☐ Pension or Profit Sharing Plan ☐ Inherited IRA

☐ Other (Please Specify) _____

Name of Custodian or Institution _____

Mailing Address _____

City _____ State _____ Zip _____

Custodian Tax ID # _____ Custodian Telephone _____

Custodial Account # _____

E - DISTRIBUTION OPTIONS - If a distribution option is not selected, cash distributions will be sent to the custodian.

☐ Mail to Custodial Account

☐ **Distribution Reinvestment Plan:** *(Only available to Inland Real Estate Income Trust, Inc.)* Stockholder elects to participate in the Distribution Reinvestment Plan ("DRP") described in the Prospectus and reinvest the entire cash distribution. 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.

F - BENEFICIAL OWNER - Please provide all requested information.

Stockholder/Trustee/Administrator/UTMA/UGMA Minor's Name - First Name and Last Name _____

Social Security/Tax ID _____ Date of Birth - MM/DD/YYYY _____ Trust Tax ID _____

Citizenship Status *(Required)* ☐ U.S. Citizen ☐ Resident Alien ☐ **Non-Resident Alien** *Investor must submit an original of the appropriate Form W-8 (W-8BEN, W-8ECI, W-8EXP or W-8IMY) in order to make an investment.

Co-Stockholder/Trustee/Administrator/UTMA/UGMA Custodian's Name - First Name and Last Name _____

Social Security/Tax ID _____ Date of Birth - MM/DD/YYYY _____ Trust Tax ID _____

Citizenship Status *(Required)* ☐ U.S. Citizen ☐ Resident Alien ☐ **Non-Resident Alien** *Investor must submit an original of the appropriate Form W-8 (W-8BEN, W-8ECI, W-8EXP or W-8IMY) in order to make an investment.

If Trust/Pension/PSP or Other, Please Provide Complete Title _____

Date of Trust/Pension/PSP/Other
MM/DD/YYYY

Residence Address - No P.O. Boxes - Required by Law _____

City _____ State _____ Zip _____

Alternate Mailing Address - P.O. Boxes are Acceptable _____

City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

G - BROKER DEALER (BD), REGISTERED REPRESENTATIVE (RR), OR INVESTMENT ADVISOR REPRESENTATIVE (IAR) - Complete entire section.

To be completed by the Registered Representative (RR) of the participating Broker Dealer (BD) or the Investment Advisor Representative (IAR) of the participating Registered Investment Advisor (RIA).

RR/IAR Name(s) _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone Number _____ **E-mail Address** _____

BD or RIA Firm Name _____

Rep ID # (Required) _____ **Branch ID # (Required)** _____

Client Account # _____ **IAR CRD #** _____

H - NEW CUSTODIAN SIGNATURE(s) - To be signed and Medallion Signature Guaranteed or marked with Official Stamp of Custodian

1. SUBSTITUTE FORM W-9 - Must be signed and completed by party under which tax information is to be reported or taxes will be withheld from distributions. Tax information may only be reported under Custodian Tax ID.

THE UNDERSIGNED CERTIFIES, under penalties of perjury, (i) that the taxpayer identification number shown below is true, correct and complete, (ii) that I am (we are) not subject to backup withholding either because I (we) have not been notified that I am (we are) subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding, (iii) I am a U.S. citizen or other U.S. person (as defined in the instructions) and (iv) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

See Form W-9 instructions at <http://www.irs.gov>

Custodian Tax ID _____

Exempt payee code (if any) _____ **Exemption from FATCA reporting code (if any)** _____

2. AUTHORIZED SIGNATURES

Signature Custodian **Date**

Title of Signer

Medallion Signature Guarantee or
Official Stamp of Custodian **(Required)**

MAIL COMPLETED FORM TO:

Regular Mail:

Inland Real Estate Investment Corporation
c/o SS&C GIDS, Inc.
P.O. Box 219182
Kansas City, Missouri 64121-9182

Overnight Delivery:

Inland Real Estate Investment Corporation
c/o SS&C GIDS, Inc.
430 W 7th Street
Kansas City, Missouri 64105

Questions:

Inland Investor Services
866-My-Inland (866-694-6526)