

Inland Real Estate Investment Corporation

APPLICATION FOR TRANSFER FOR CUSTODIAL ACCOUNTS



The Inland name and logo are registered trademarks being used under license.

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 SIGNATURE - *Required*

Signature of Custodian _____ Date _____

Title of Signer _____

Medallion Signature Guarantee
REQUIRED

All signatures must be medallion signature guaranteed

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 _____
- 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: 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 Name _____
First Middle Last

Social Security # _____ **Date of Birth - 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.

RR/IAR Name(s) _____

Mailing Address _____

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

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

BD or RIA Firm Name _____

RR# or IAR CRD# *(Required)* _____

Branch # *(Required)* _____ **Client Account #** _____

(This space has been left intentionally blank.)

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
--

(This space has been left intentionally blank.)

MAIL 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