

Inland Real Estate Investment Corporation
APPLICATION FOR TRANSFER FOR CUSTODIAL ACCOUNTS



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

Form with checkboxes for Inland Real Estate Income Trust, Inc. and 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.

Form fields for Name, Address, City, State, Zip, Social Security/Tax ID #, Inland Account #, and # of Shares to be Transferred.

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

Signature section with fields for Custodian/Stockholder and Co-Stockholder, including a box for Medallion Signature Guarantee or Official Stamp of Custodian.

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

Form with checkboxes for Re-registration (Name Change, Divorce/Separation, Individual to Trust, etc.), Re-registration Custodian Change, Inheritance, Secondary Market/Third Party Transaction, and Other.

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

Form with checkboxes for Traditional IRA, Roth IRA, S.E.P., Pension or Profit Sharing Plan, Inherited IRA, and Other.

Form fields for Name of Custodian or Institution, Mailing Address, City, State, Zip, Custodian Tax ID #, Custodian Telephone, and 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**

(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