

Inland Real Estate Investment Corporation

APPLICATION FOR TRANSFER FOR NON-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 - SIGNATURE(S) - The appropriate legal party must sign this section *in capacity*.

Signature _____ 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**

Signature _____ 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 owner. Check one box and provide all requested information.

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

☐ Gift Date of Gift _____

☐ 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 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 _____

E - 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 _____

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

Client Account # _____ IAR CRD # _____

F - TYPE OF OWNERSHIP - To be completed by new owner. Check one box and provide all requested information.

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual Ownership | <input type="checkbox"/> Community Property | <input type="checkbox"/> UTMA/UGMA |
| <input type="checkbox"/> TOD - Complete Transfer on Death Form | <input type="checkbox"/> Community Property WROS | State of _____ |
| <input type="checkbox"/> Joint Tenants with Rights of Survivorship | <input type="checkbox"/> Corporate Ownership | <input type="checkbox"/> Pension or Profit Sharing Plan - include plan document(s) |
| <input type="checkbox"/> TOD - Complete Transfer on Death Form | include Corporate Resolution | <input type="checkbox"/> Trust - include Trust Certification |
| <input type="checkbox"/> Tenants in Common | <input type="checkbox"/> "C Corp" <input type="checkbox"/> "S Corp" | |
| <input type="checkbox"/> Tenants by the Entirety | <input type="checkbox"/> LLC Ownership | <input type="checkbox"/> Other (Specify) _____ |
| | include LLC Agreement | |

G - DISTRIBUTION OPTIONS - To be completed by new owner(s). Please mark one selection only. **If a distribution option is not selected, cash distributions will be sent to the address of record.**

☐ **Mail funds to Residence Address**

☐ **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.

☐ **Send Distribution to a Third Party or via ACH:** (complete #1 through #4 below)

☐ **Via Electronic Deposit (ACH)** (complete #1 through #5 below and **attach a voided check**)

Please check type of account ☐ **Checking** ☐ **Savings**

1. Name of Bank, Brokerage Firm or Individual* _____

2. Distribution Mailing Address _____

3. City _____ **State** _____ **Zip** _____

4. Account # (if applicable) _____

A voided check must be submitted for distributions via ACH or your request will not be processed.

5. Bank Routing # (For ACH Only) _____

Medallion Signature Guarantee or
Official Stamp of Custodian **REQUIRED**

All signatures must be medallion signature guaranteed

Signature - Stockholder

Date

Signature - Co-Stockholder

Date

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

H - New Owner Signature(s) - To be signed by new owner(s).

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 one tax ID or Social Security number.

THE UNDERSIGNED CERTIFIES, under penalties of perjury, (i) that the taxpayer identification number shown 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>

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

2. AUTHORIZED SIGNATURES - All new owners must sign below.

By executing this form, the new owner(s) represent that they have received and/or reviewed the Prospectus and the other filings made by the Company with the Securities and Exchange Commission. The new owner(s) accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and bylaws, as amended.

Signature - Stockholder

Date

Signature - Co-Stockholder

Date

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