

# Inland Real Estate Investment Corporation

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Signer \_\_\_\_\_

- Capacity (Required):  Executor/Executrix  Personal Representative  Guardian  
 Power of Attorney  Stockholder  Trustee  Successor Trustee

Medallion Signature Guarantee  
REQUIRED

All signatures must be medallion signature guaranteed

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Signer \_\_\_\_\_

- Capacity (Required):  Executor/Executrix  Personal Representative  Guardian  
 Power of Attorney  Stockholder  Trustee  Successor Trustee

Medallion Signature Guarantee  
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### 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 \_\_\_\_\_
- 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** \*If 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** \*If 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** \_\_\_\_\_

**RR# or IAR CRD# (Required)** \_\_\_\_\_

**Branch # (Required)** \_\_\_\_\_ **Client Account #** \_\_\_\_\_

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

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

**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 Check to Residence Address**

**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.

**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) \_\_\_\_\_

\_\_\_\_\_  
**Signature - Stockholder** **Date**

\_\_\_\_\_  
**Signature - Co-Stockholder** **Date**

Medallion Signature Guarantee  
REQUIRED

All signatures must be medallion signature guaranteed

\*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