

Inland Real Estate Investment Corporation

APPLICATION FOR TRANSFER FOR REQUIRED MINIMUM DISTRIBUTIONS (RMD)



IMPORTANT: Please review the Instructions for Transfer prior to completing this form.

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

Inland Real Estate Income Trust, Inc. InPoint Commercial Real Estate Income, Inc. MH Ventures Fund II, 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 - Custodian _____ Date _____

Title of Signer _____

Medallion Signature Guarantee
REQUIRED

All signatures must be medallion signature guaranteed

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

Transfer to Existing Non-Qualified Account Account # _____

Type of Ownership - Please mark one selection only. Individual JTWROS Trust Other _____

Stockholder/Trustee - First Name and Last Name _____ Date of Birth - MM/DD/YYYY _____

Co-Stockholder/Trustee - First Name and Last Name _____ Date of Birth - MM/DD/YYYY _____

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 _____

D - BROKER DEALER - REGISTERED REPRESENTATIVE INFORMATION - Must complete entire section.

Registered Representative Name _____

Broker Dealer Rep ID # (Required) _____ Registered Representative Telephone _____

Mailing Address _____

City _____ State _____ Zip _____

Registered Representative E-mail _____

Broker Dealer Name _____

Branch # (Required) _____ Broker Dealer Client Account # _____

E - DISTRIBUTION OPTIONS - To be signed and completed by new registered 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.

F - New Owner Signature(s) - To be signed by new registered 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 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>

Social Security/Tax ID # _____

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** _____

(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