

# Inland Real Estate Investment Corporation

## APPLICATION FOR TRANSFER FOR REQUIRED MINIMUM DISTRIBUTIONS (RMD)



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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 - CURRENT CUSTODIAN SIGNATURE - *Required*

Signature of Custodian \_\_\_\_\_ Date \_\_\_\_\_

Title of Signer \_\_\_\_\_ Date \_\_\_\_\_

Medallion Signature Guarantee or  
Official Stamp of Custodian *REQUIRED*

### 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 \_\_\_\_\_

Residence Address - No P.O. Boxes - Required by Law \_\_\_\_\_ Trust Tax ID \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Mailing Address - P.O. Boxes are Acceptable \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

**D - 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 # \_\_\_\_\_

**E - DISTRIBUTION OPTIONS - To be signed and 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:** *(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) \_\_\_\_\_

\_\_\_\_\_  
**Signature Stockholder**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

Medallion Signature Guarantee or  
Official Stamp of Custodian **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.

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**F - New Owner Signature(s)** - To be signed by new registered owner(s).

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**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.

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Signature Stockholder

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Date

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Signature Co-Stockholder

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Date

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(This space has been left intentionally blank.)

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**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