

Inland Real Estate Income Trust, Inc.

REDEMPTION REQUEST FORM

Please note: accounts with a custodian (IRA, retirement, or brokerage accounts, etc.) require custodial approval on Page 2 of this form. Please verify the account type on your statement before submitting.



A - STOCKHOLDER INFORMATION - Please print exactly as it appears on the account

Stockholder Name _____

Inland Account Number *(Required)* _____

Daytime Telephone Number _____
(For purposes of this request only)

B - REPURCHASE REQUEST

Redemption Request *(Check one)*

- ☐ Full Redemption
- ☐ Partial Redemption: # of Shares _____ or \$ Amount _____

Redemption Type *(Check one)*

- ☐ Ordinary
- ☐ Exceptional *(Death/Disability)*
(Death Certificate or applicable Disability Notice Required)

In the event of a partial redemption, if any stockholder fails to maintain the minimum value balance of \$500 of shares of Inland Real Estate Income Trust, Inc. (the Company) common stock, the Company may, in its discretion, repurchase all of the shares held by that stockholder at the repurchase price in effect during the particular quarter we determine the stockholder has failed to meet the minimum balance.

C - COST BASIS - Information required for tax reporting purposes.

IRS regulations require cost basis reporting in determining the gain or loss associated to a security transaction when a sale or redemption occurs. You may want to consult your financial advisor or tax professional before completing this section.

Select one option then complete the additional information, if applicable. IMPORTANT: If no option is selected, our chosen default method, FIFO, will be used.

☐ First-In, First-Out (FIFO)

☐ Last-In, First-Out (LIFO)

☐ Specific Share Identification

Specific Share Identification allows you to select the shares from any purchase or reinvested lot that has not previously been repurchased.

Note: Average cost is not available for Inland Real Estate Income Trust, Inc. stockholders.

NUMBER OF SHARES	DATE OF PURCHASE

D - PAYMENT OPTIONS - Select only one option.

NON-CUSTODIAL PAYMENT INSTRUCTIONS

☐ Mail to residence address

☐ Current method of receiving distribution proceeds

☐ ACH to bank account *
(Provide a voided check or deposit slip. Funds sent via ACH will only be sent to U.S. financial institutions, ACH network members.)

☐ Mail distributions to alternate or third party address listed below *

*** Complete below to have payment sent to an address or instructions not on file. If you complete this section, a Medallion Signature Guarantee is required.**

Name of Bank, Brokerage Firm, or Individual _____

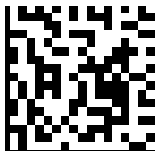
Mailing Address _____

City _____ State _____ Zip _____

Routing # _____ Account # _____

I authorize the Company or its agent to deposit my proceeds into my checking or savings account. In the event the Company deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

CUSTODIAL PAYMENT INSTRUCTIONS - Redemption proceeds will be sent to the Custodian of record. Custodian signature required.



E - AUTHORIZED SIGNATURE(S) AND MEDALLION SIGNATURE GUARANTEE REQUIREMENTS *

IMPORTANT: Medallion Signature Guarantee(s) is/are required if any of the following applies:

- The amount of the repurchase request is over \$500,000.
- You wish to have repurchase proceeds transferred by ACH to an account other than the designated bank or brokerage account on file for at least 30 days or sent to an address other than your address of record for the past 30 days.
- Our transfer agent cannot confirm your identity or suspects fraudulent activity.

To have your shares repurchased, your repurchase request and required documentation must be received in good order at least five (5) business days prior to the end of the applicable calendar quarter. If a repurchase request is received after such time, the repurchase request will be included with all new requests received by the Company in the immediately following calendar quarter. Settlements of share repurchases will be made within fifteen (15) calendar days following the end of each calendar quarter or any other business day that may be established by the Board (the "Repurchase Date").

If a stockholder wishes to withdraw their repurchase request, they shall provide the Company with a written request of withdrawal to one of the addresses listed below and the Company will not repurchase shares so long as the Company receives the written request of withdrawal at least five (5) business days prior to the end of the applicable calendar quarter.

All redemption requests are subject to the complete terms of the Company's Share Repurchase Program, as it may be amended from time to time. The current plan is available at inland-investments.com, and you are encouraged to review it prior to submitting a repurchase request.

Signature - Investor/Executor/Personal Representative

Date

Printed Name of Signer

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

Medallion Signature Guarantee or Official
Stamp of Custodian *(See Asterick For Requirements)*

Signature - Co-Investor/Co-Executor

Date

Printed Name of Signer

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

Medallion Signature Guarantee or Official
Stamp of Custodian *(See Asterick For Requirements)*

Signature - Custodian *(If applicable)*

Date

MAIL, EMAIL OR FAX COMPLETED FORM TO *(See requirements below)*

Regular Mail:

Inland Real Estate Income Trust, Inc.
c/o SS&C GIDS, Inc.
P.O. Box 219182
Kansas City, Missouri 64121-9182

Overnight Mail:

Inland Real Estate Income Trust, Inc.
c/o SS&C GIDS, Inc.
430 W 7th Street
Kansas City, Missouri 64105

If No Medallion Signature Guarantee is Required.

Email to: Inland@sscinc.com **or Fax to:** 855.223.2479

Questions:

Investor Services: 800.826.8228