

Please use this form as your authorization until further notice to change my disbursement to:

(To reinvest partial distributions, you may select two. Total allocation must equal 100%)

- ___% Dividend Reinvest (not available for REIT I and REIT II accounts)
___% Send distributions via check to the address of Record (not available for qualified plans)
___% Send distributions via check to alternate payee listed below
___% Credit Distributions to my IRA or other Custodian Account
___% Cash/Direct deposit to the bank information provided below

Date Lightstone Account Number(s) (Investor ID) Name of Fund(s)

INVESTOR INFORMATION

BANK INFORMATION

Full Name Street Address City State and Zip Financial Institution Name Financial Institution Street Address City State and Zip ABA/Routing Number Account Number

ALTERNATE PAYEE (IF APPLICABLE)

Full Name Street Address City State and Zip Brokerage Account # (if applicable) Financial Institution Street Address State and Zip City State and Zip ABA/Routing Number Account Number

Signature - Primary Shareholder or Financial Advisor Date

Signature - Secondary Shareholder Date (If this is a joint account, both parties must sign)

Print Name

Print Name

For Custodial Held Accounts, Custodian Signature is Required.

Custodian Signature Date

Custodian: Please mail form with original signature.

Send completed form to:

Lightstone Group REIT, P.O. Box 219002 Kansas City, MO 64121-9002 Fax: (855) 368-2326

Medallion Signature Guarantee REQUIRED FOR CUSTODIAN (if applicable) Medallion Guarantee must be sent in original form.