

Please read these instructions carefully before completing the Application for Transfer.

**INSTRUCTIONS:** Please use this form to alter, change, restructure, or change the title of an account. This form is also used for ownership changes. This form is NOT used for standard contact information changes. All actions require various supporting documentation to be attached as noted. Failure to provide the necessary materials will result in delay or rejection of your request. Each modification of a unique account requires a separate transfer form. Should you have any questions, please call Lightstone Investor Services at (888) 808-7348.

All transfer requests must be sent to our transfer agent, DST Systems, Inc., at one of the addresses below.

**Regular Mail:**

Lightstone Group REIT  
c/o DST Systems, Inc.  
P.O. Box 219002  
Kansas City, Missouri 64121-9002

**Overnight Mail:**

Lightstone Group REIT  
c/o DST Systems, Inc.  
430 West 7th Street  
Kansas City, Missouri 64105

**Questions:**

Lightstone Group Investor Services  
844.808.7348

## APPLICATION FOR TRANSFER

All fields on the Application for Transfer are required. Failure to complete the form in its entirety may cause delays in processing as we must collect the missing Information before completing the request.

### SECTION A - CURRENT ACCOUNT INFORMATION

Please print all requested information exactly as it currently appears on your account -name, full address, Social Security/Tax ID #, Lightstone Investor ID #, Fund # and # of shares to be transferred. **Please note:** the number of shares to be transferred may only be specified to three decimal points, and that dollar amounts or percentages will not be accepted. If transferring ALL shares, please mark the box provided for "ALL" rather than specifying a number of shares.

### SECTION B - SIGNATURE(S)

All current registered stockholders must sign In capacity (i.e., including title to sign) in the boxes provided. If the current registered stockholders are unable to sign due to death or incapacity, the appropriate legal party(ies) must sign this section. Examples of signatures in capacity include, but are not limited to, "J. Smith, President", "J. Smith, Successor Trustee", or "J. Smith, Executor". Custodial held accounts must be signed by custodian as well.

All signatures MUST be individually medallion guaranteed. A notarization or bank guarantee is not acceptable. Requests that are not properly medallion guaranteed will not be processed.

### SECTION C - TYPE OF TRANSFER

Per the IRS regulation Basis Reporting by Securities Brokers and Basis Determination for Stock, we are required to track the reason for the transfer for cost basis purposes. Select the reason for transfer by marking the appropriate box. Please note that secondary market purchases must list the cost per share.

### DOCUMENTATION REQUIREMENTS

- 1) A. Legal name change by investor(s):
  - If due to change of legal name of investor please provide official copy of court order changing name.
  - If due to marriage please provide copy of marriage certificate.
  - If due to Divorce please provide copy of Divorce Decree.
- B. UGMA (Uniform Gifts to Minors Account) to Individual account transfer:
  - If due to UGMA account passing directly to child's control please provide copy of Birth Certificate.
- 2) Custodial transfer of IRA assets:
  - Corporate Resolutions from both old and new custodian if no MSG is provided.
  - Please note that both custodians must sign this form and provide medallion signature guarantees.
- 3) Joint account to Individual account due to Divorce please provide:
  - Copy of Divorce Decree: First page, last page, signature page, and RELEVANT paragraph of the property settlement.
- 4) A. If account is being transferred into or out of Trust:
  - If the asset is being placed into or being removed from a Trust please provide: First, Last, and Signature page of the Trust Agreement.
  - Dissolution of Trust doc if applicable.
- B. If a trustee is being added, removed, or substituted please provide:
  - First, Last, and Signature page of the Trust Agreement.
  - Certification of Incapacitation if a trustee is being declared incapacitated.
  - If due to the death of a trustee, please provide certified copy of Death Certificate.
- 5) Inheritance Transfer:
  - If due to the death of the individual/trustee please provide: Certified Copy or the Original Death Certificate.
  - Letters Testamentary if asset is governed by a Will or Testament.
  - Affidavit of Domicile of asset if NOT governed by a Will or Testament.
  - If any other materials govern the assignment of an executor, manager, or beneficiaries, please provide copies.

**DOCUMENTATION REQUIREMENTS** *(continued)*

6) Other specialized actions not covered by the prior options:

- Please provide: A full, *DETAILED*, letter of instruction explaining the specific action that is needed on the account. This letter must be signed by all registered owners with Medallion Signature Guarantees. This letter is in addition to this form and all other required materials. All special requests will be reviewed by Lightstone Investor Services prior to account modification being approved.

**SECTION D - NEW ACCOUNT INFORMATION**

All requested information applicable to the account type being requested must be provided -stockholder and co-stockholder (or trustee, administrator, etc.) names, birth dates, social security number, residential address, and telephone numbers. If Trust/Pension/PSP: If shares are transferring into a Trust/Pension/PSP/other type of plan ownership, complete the full title and date of the plan in this section. The trustee information must be provided in the stockholder and co-stockholder spaces above. A Trust Certification or copy of the trust is required in order to establish a trust registration.

**Residence Address, City, State, Zip:** A physical address must be provided in this section. If the stockholder uses a PO Box or other alternate address to receive mail, that information may be completed in the Alternate Mailing Address section. Requests for ownership that do not provide a physical address for the owner will not be processed.

**Alternate Mailing Address** *(optional)*: Complete if mail is to be sent to an address other than the residence address. For seasonal addresses, please specify dates that this address is used.

**SECTION E - TYPE OF OWNERSHIP**

The new owner must check the appropriate box to indicate the type of ownership. If the desired ownership type is not listed, the "other" box may be used, but a legal account type must be specified on the line provided. If you wish to designate a Transfer on Death ("TOD"), please mark the appropriate box and complete the Transfer on Death Registration Form.

**SECTION F - DISTRIBUTION OPTIONS**

If a distribution option is not selected, cash distributions will be sent to the address of record, regardless of the previous option that was on the account. *ALL* registered stockholders must sign this section.

**Mail to Address of Record:** The distribution will be paid in cash and mailed to the address of record (or alternate address, if applicable).

**SEND PAYMENT TO THIRD PARTY**

**Via Mail** - *(Complete #1 through #4 on form)*: Complete with the name of the payee, payee mailing address, and payee account number.

**Via Electronic Deposit (ACH)** - *(Complete #1 through #5 on form and attach a voided check)*: Complete with the name of the payee, payee mailing address, payee account number, and routing number. Mark the appropriate box for checking or savings account. If a voided check for the account is not provided, distributions cannot be sent via ACH.

**SECTION G - SIGNATURES AND FINAL INSTRUCTIONS**

Please attach to this COMPLETED FORM all materials requested. Please sign below as required noting that *ALL* required signatures must have Medallion Signature Guarantees for this form to be valid and effective. Custodial held accounts must be signed by custodian. Forms requesting the split of an account as documented in Section 2 may share the materials requested in sections 3 & 4 but each receiving party must still complete the full form and provide a signature. On completion send this form to Lightstone Investor Services at the address noted in the main instruction section.

**SECTION H - BROKER DEALER-REGISTERED REPRESENTATIVE INFORMATION**

This section must be completed in its entirety if you wish to have a financial advisor and broker dealer on your transferred account. If you do not wish to have a financial advisor and broker dealer, please write "Not on Record" across this section.

**Broker Dealer Rep ID:** If you do not know your financial advisor's ID or branch number at their broker dealer, please ask your financial advisor. We are not able to add your financial advisor to an account without this information.

**Broker Dealer Name:** The broker dealer named in this section must be registered with FINRA. Do not complete this line with the name of an advisory firm. If the financial advisor is working through an advisory firm, complete this line with the abbreviation "RIA" (Registered Investment Advisor).

**Broker Dealer Client Account #:** Complete with your account number at the broker dealer.

**SECTION I - SUBSTITUTE W-9 FORM**

This section must be completed by the new stockholder with their Social Security/Tax ID number and signature.

**NOTE:** In some cases where a transfer or format change does not affect the individual(s) or entity(ies) owning the asset the same person may need to sign as both the originating transferor and receiving transferee. This is especially common in trust modifications. If additional signature blanks are required you may duplicate and attach an additional copy of this page.

# APPLICATION FOR TRANSFER

# LIGHTSTONE

**IMPORTANT:** Please review the instructions for transfer prior to completing this form.

## SECTION A - CURRENT ACCOUNT INFORMATION:

Account Name (Please print exactly as it appears on the account.)

Street Address

City

State

Zip

Social Security/Tax ID #

Lightstone Investor ID

Fund #

All Shares

or

# of Shares to be Transferred

## SECTION B - SIGNATURE(S): The appropriate legal party must sign this section.

By executing this form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer affected hereby is made in accordance with all applicable federal and state securities law and regulation. The transferor(s) understands that the transfer may be made only in compliance with the Articles of Incorporation and bylaws, as amended, of the Company. The signature(s) on this Form must correspond with the Name(s) in which the transferor(s) hold the transferred Share.

**California Residents:** It is unlawful to consummate a sale or transfer of limited partnership interests or any interests therein, or to receive any compensation thereof, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.

Signature of Primary Shareholder (Transferor)

Date

Signature of Secondary Shareholder (Transferor)

Date

Print Name

Print Name

**Medallion Signature Guarantee**  
REQUIRED FOR SHAREHOLDER

**Medallion Signature Guarantee**  
REQUIRED FOR SECONDARY SHAREHOLDER

**Medallion Signature Guarantee**  
REQUIRED FOR CUSTODIAN  
(if applicable)

*Medallion Guarantee must  
be sent in original form.*

*Medallion Guarantee must  
be sent in original form.*

*Medallion Guarantee must  
be sent in original form.*

Custodian Signature (Required for custodial held accounts)

Date

## SECTION C - TYPE OF TRANSFER: Check one and complete the requested additional information. \*Please see instruction pages for Guidance & Documentation Requirements.

Re-registration (Name Change<sup>1</sup>, Change of Custodian<sup>2</sup>, Divorce/Separation<sup>3,4</sup>, Individual to Trust, etc.)

Gift Date of Gift \_\_\_\_\_

Inheritance Date of Death<sup>5</sup> \_\_\_\_\_ or \_\_\_\_\_

Alternate Cost or Basis Date or Valuation Per Share \_\_\_\_\_

Secondary Market Purchase Cost Per Share \_\_\_\_\_

Other (Please Specify)<sup>6</sup> \_\_\_\_\_

## MAIL COMPLETED FORM TO:

### Regular Mail:

Lightstone Group REIT  
c/o DST Systems, Inc.  
P.O. Box 219002  
Kansas City, Missouri 64121-9002

### Overnight Mail:

Lightstone Group REIT  
430 West 7th Street  
Kansas City, Missouri 64105

### Questions:

Lightstone Group Investor Services  
844.808.7348

**SECTION D - NEW ACCOUNT INFORMATION:** Please provide all requested information.

_____ Stockholder/Trustee/Administrator/UTMA/UGMA Minor's Name - First Name & Last Name	_____ Birth Date - MM/DD/YYYY	_____ Social Security Number
_____ Co-Stockholder/Trustee/Administrator/UTMA/UGMA Minor's Name - First Name & Last Name	_____ Birth Date - MM/DD/YYYY	_____ Social Security Number
_____ 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	_____ City	_____ State/Zip
_____ Home Telephone	_____ Business Telephone	
_____ Alternate Mailing Address - P.O. Boxes are Acceptable	_____ Date If Seasonal: From	_____ To
_____ If Custodial held, provide Custodian Name	_____ Address	_____ City/State/Zip
_____ Investor's Custodial Account Number	_____ Custodian's Tax ID No.	_____ Custodian Telephone

**SECTION E - TYPE OF OWNERSHIP:** Please mark one selection only.

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

**SECTION F - DISTRIBUTION OPTIONS:** To be signed and completed by new registered owner(s). Please mark one section only. If a distribution option is not selected, cash distribution will be sent to the address of record. Non taxable distributions will be sent to the Custodian of Record.

- Mail To Address of Record**
- Send Payment to Third Party:**
- Via Mail** (complete #1 through #4 below)
  - Via Electronic Deposit (ACH)** (complete #1 through #5 below and **attach a voided check**)  
If ACH, check type of account  **Checking**  **Savings**

1. \_\_\_\_\_  
Name of Bank, Brokerage Firm or Individual\*

2. \_\_\_\_\_  
Distribution Mailing Address

3. \_\_\_\_\_  
City

4. \_\_\_\_\_  
Account # (if applicable)

5. \_\_\_\_\_  
State

\_\_\_\_\_ Zip

\_\_\_\_\_ Bank Rounting # (For ACH Only)

**A voided check must be submitted for distributions via ACH or your request will not be processed.**

**SECTION G - DISTRIBUTION OPTIONS** *continued from previous page*

**SIGNATURE(S):** The appropriate legal party must sign this section.

By executing this Form, the transferee(s) represent that they have received and/or reviewed the Prospectus and other filings made by the Company with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and Bylaws, as amended.

**California Residents:** It is unlawful to consummate a sale or transfer of limited partnership interests or any interests therein, or to receive any compensation thereof, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.

Signature - New Primary Shareholder (Transferee)	Date	Signature - New Secondary Shareholder (Transferee)	Date
Date			
Signature - Custodian	<p style="text-align: center;"><b>Medallion Signature Guarantee</b> REQUIRED FOR CUSTODIAN <i>(if applicable)</i></p> <p style="text-align: center; font-size: small;"><i>Medallion Guarantee must be sent in original form.</i></p>	<p style="text-align: center;"><b>Medallion Signature Guarantee</b> REQUIRED FOR SHAREHOLDER</p> <p style="text-align: center; font-size: small;"><i>Medallion Guarantee must be sent in original form.</i></p>	<p style="text-align: center;"><b>Medallion Signature Guarantee</b> REQUIRED FOR SECONDARY SHAREHOLDER</p> <p style="text-align: center; font-size: small;"><i>Medallion Guarantee must be sent in original form.</i></p>

**SECTION H - BROKER DEALER-REGISTERED REPRESENTATIVE INFORMATION**

\_\_\_\_\_  
Registered Representative Name

\_\_\_\_\_  
Broker Dealer Rep ID #

\_\_\_\_\_  
Registered Representative Telephone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Registered Representative E-mail

\_\_\_\_\_  
Broker Dealer Name

\_\_\_\_\_  
Branch #

\_\_\_\_\_  
Broker Dealer Client Account #

**SECTION I - SUBSTITUTE W-9 FORM:** 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, and (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 US citizen (iv) I am exempt from FATCA reporting. *Note: Clause (ii) in this certification should be crossed out if the investor has been notified by the IRS that it is subject to backup withholding because it has failed to report all interest and dividends on its tax return.*

Social Security/Tax ID #	Signature - Primary Shareholder	Date

**MAIL COMPLETED FORM TO:**

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