



# LIGHTSTONE VALUE PLUS REAL ESTATE INVESTMENT TRUST III, INC. AUTOMATIC PURCHASE PLAN AUTHORIZATION FORM

Standard Mail: Lightstone Group REIT, c/o DST, P.O. Box 219002, Kansas City, MO 64121-9002

Overnight Mail: Lightstone, c/o DST, 430 W. 7th Street, Kansas City, MO 64105

For Questions, Please Call: (888) 808-7348

Please complete this form to authorize additional investments in Lightstone Value Plus Real Estate Investment Trust III, Inc. via automatic debits from a financial institution account. Each investor who elects to participate in the Automatic Purchase Plan ("The Plan") agrees that the agreements, representations and warranties made by the Investor apply to all additional purchase made under the plan. The Investor also acknowledges and understands that the notices set forth also apply to additional purchases made under The Plan. Please see the Prospectus for further information.

### ACCOUNT INFORMATION

Investor(s) / Registration Name:

Investor(s) / Registration Name:

Investor(s) / Registration Name:

Investor(s) / Registration Name:

Lightstone Value Plus Real Estate Investment Trust III, Inc. Account Number:

*(for already existing investments)*

### FINANCIAL INSTITUTION ACCOUNT INFORMATION

Financial Institution Name:

Financial Institution ABA/Routing Number:

Financial Institution Account Number:

### PLEASE SELECT JUST ONE FROM EACH:

Type of Account to be debited:  Checking  Savings

Date to Draft to occur:  1<sup>st</sup> of the Month  15<sup>th</sup> of the Month

Draft to be made:  Monthly  Quarterly  Semi-Annually  Annually

Dollar amount to draft each time *(minimum of \$100.00)*:

Start drafting on the following date:

Stop drafting on the following date:

*The Quarterly Draft will occur on the chosen date of draft of the each calendar quarter. The Semi-Annually Draft will occur on the chosen date of draft in June and December. The Annual Draft will occur on the chosen date of draft in December. If the 1st or 15th is not a business day, the draft will occur from the account on the next business day.*

**Please enclose a voided check for the appropriate account to participate in The Plan.** By enclosing a voided check, you authorize the Fund to begin making electronic debits from the checking account designated by the closed voided check. Such deductions and investments will continue until you notify the Fund in writing to change or discontinue them. Should your checking account contain insufficient funds to cover the authorized deduction, no deduction or investment will occur. In such event, your bank may charge you a fee for insufficient funds.

### AUTHORIZATION AND SIGNATURES:

All investor(s) / registration owner(s) must sign the form to authorize the above instructions.

Signature of Owner:

Date:

Signature of Owner:

Date: