ADVISOR CHANGE AUTHORIZATION

LIGHTSTONE

Please use this form to change the financial advisor and/or broker-dealer servicing your investment. Your new financial advisor will have the information you need to complete this form. Please note signatures are required from your new financial advisor as well as a principal of the new broker dealer in order to authorize the change. If you are keeping the same financial advisor but changing broker dealers you still need to complete this form. All account holders must sign this form.

Account Name	Lightstor	ne Accour	nt Number (Investor ID)			
Date	Name of Fund(s)					
PLEASE CHANGE THE FIN	ANCIAL ADVISOR SERV	VICING I	MY ACCOUNT TO T	HE FOLLOWING:		
Name of New Financial Advisor	New Advisor Rep ID or CRD #		Name of New Broker Dealer Firm			
Office Address			Broker/Dealer Home	Office Address		
 City, State and Zip			City, State and Zip			
Telephone Number	E-mail Address		New Broker/Dealer Telephone Number		New Firm CRD Number	
ignature Primary Shareholder Signature D		or Custod				Date
Print Name			Print Name	Medallion Signatu REQUIRED FOR ((if applica	CUSTODIAN	
Custodian Signature	Date			Medallion Guarantee must be sent in original form.		
signature of New Advisor Date			Signature of Broker/Dealer Principal (if applicable) Date			Date
Print Name			Print Name			

NOTE: No new or additional purchases of Lightstone investments may be made unless the requested broker/dealer firm has an executed selling agreement.

Send completed form to: [Lightstone Group REIT, P.O. Box 219002 Kansas City, MO 64121-9002 • Fax: (855) 368-2326]