

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

- 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

 Full Name

 Street Address

 City

 State and Zip

BANK INFORMATION

 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

 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.*