

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**

**BANK INFORMATION**

\_\_\_\_\_  
 Full Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State and Zip

\_\_\_\_\_  
 Financial Institution Name

\_\_\_\_\_  
 Financial Institution Address

\_\_\_\_\_  
 ABA/Routing Number

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Account Type (Checking or Savings)

**ALTERNATE PAYEE (IF APPLICABLE)**

\_\_\_\_\_  
 Full Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State and Zip

\_\_\_\_\_  
 Brokerage Account # (if applicable)

\_\_\_\_\_  
 Financial Institution Address

\_\_\_\_\_  
 ABA/Routing Number

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Account Type (Checking or Savings)

\_\_\_\_\_  
 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.