

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

For investments not held through brokerage or custodial held accounts (select only one):

- Send distributions via check to the address of Record
Send distributions via check to alternate payee listed below
Cash/Direct deposit to the bank information provided below

For investments held through brokerage controlled or custodian accounts:

- Credit Distributions to my IRA or other Custodian or Brokerage Account

For investments in LIGHTSTONE VALUE PLUS REAL ESTATE INVESTMENT TRUST INC. (REIT I) ONLY: (except for residents of Arizona, Ohio and Oregon)

Enroll in the Distribution Reinvestment Program. Please reinvest % of the shares of common stock in my account in additional shares of common stock. (If less than 100% is indicated, the distributions on the remaining percentage of your shares will be paid in cash as currently listed on the account. If no amount is indicated, you will be deemed to have indicated 100% and distributions on all shares of common stock in your account will be reinvested in additional shares of common stock). By electing to enroll in the Distribution Reinvestment Program, and signing below, I certify and represent that the information contained herein is true and correct as of the date hereof and that I meet the suitability standards as stated in the prospectus related to the Distribution Reinvestment Program dated October 16, 2018, as supplemented from time to time. I agree to notify Lightstone Value Plus Real Estate Investment Trust, Inc. or the reinvestment agent if, at any time, there is an inaccuracy of the representation with respect to meeting the suitability standards or any material change in my financial condition, such as any anticipated or actual decrease in net worth or annual gross income or any other change in circumstances that would cause me to fail to meet the suitability standards.

Date Lightstone Account Number(s) (Investor ID) Name of Fund(s)

INVESTOR INFORMATION

ALTERNATE PAYEE

Full Name

Name/Brokerage Account #

Street Address

Address

BANK INFORMATION

Account Holder Name

Account Type (Checking or Savings)

Financial Institution Name

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.