



ACCOUNT UPDATE FORM

PLEASE CHECK ALL GRIFFIN CAPITAL INVESTMENTS THAT APPLY (REQUIRED):

Acct. #:

- Griffin-American Healthcare REIT III _____
- Griffin-American Healthcare REIT IV _____
- Griffin Institutional Access® Real Estate Fund _____
- Griffin Institutional Access® Credit Fund _____

Complete this form and return to address below.

Regular Mail: Griffin Capital Company, LLC
c/o DST Systems, Inc.
P.O. Box 219133
Kansas City, MO 64121-9133

Overnight Address: Griffin Capital Company, LLC
c/o DST Systems, Inc.
430 W 7th St
Kansas City, MO 64105

Fax: 855.886.9862
(Fax only accepted on non-custodial accounts)

INSTRUCTIONS

Please complete all applicable sections depending upon your account change(s). Check all boxes that apply.

- CHANGE OF ADDRESS (Sections 1, 2 & 5)
- CHANGE OF REPRESENTATIVE OR BROKER-DEALER (Sections 1, 3 & 5)
- DISTRIBUTION INSTRUCTIONS (Sections 1, 4 & 5)

1.) CURRENT ACCOUNT OWNER INFORMATION

ACCOUNT NAME(S)

TELEPHONE NUMBER

REGISTERED OWNER'S SSN

REGISTERED OWNER'S TAX ID#

 - - - - OR -

2.) CHANGE OF ADDRESS

If you are providing an address outside of the U.S., please complete the following by indicating citizenship status (REQUIRED):

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W8EXP OR W8IMY).

Please indicate whether the change of address pertains to the:

- Mailing Address
- or
- Alternate Address

ADDRESS

CITY

STATE

ZIP CODE

NEW HOME TELEPHONE NUMBER

NEW BUSINESS TELEPHONE NUMBER

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NEW E-MAIL ADDRESS

3.) CHANGE OF REPRESENTATIVE OR BROKER-DEALER

If the account owner chooses to change from one registered representative to another within the same broker-dealer, a signature is only required from an authorized principal of the broker-dealer. If the account owner chooses to transfer account(s) to a different broker-dealer, all registered account owners and an authorized principal from the new broker-dealer must sign. The registered representative on the account may **not** sign as the authorized principal for the broker-dealer. For custodial accounts, a Medallion Guarantee stamp or appropriate authorization from the custodian is required in section 5.

NEW FIRM NAME

NEW REGISTERED REPRESENTATIVE

REPRESENTATIVE NUMBER

BRANCH ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

 - - - -

SIGNATURE BY AUTHORIZED PRINCIPAL REQUIRED

 X

4.) DISTRIBUTION INSTRUCTION

Investor Services must be in receipt of this form 30 days prior to declaration of the distribution. This authorization will supersede any previous distribution instructions.

- Cash** _____ %
 DRP _____ % (Distribution Reinvestment Plan)

TOTAL = 100%

PLEASE CHECK ALL THAT APPLY:

- Elect Direct Deposit/Change Banking Information**
 Discontinue Direct Deposit
 Elect Distribution Reinvestment Plan
 Discontinue Distribution Reinvestment Plan
 Mail Distribution Checks to Address of Record
 Mail Distribution Checks to Financial Institution

- Direct Deposit is not available for investments made through brokerage or custodial held accounts.
- When initiating Direct Deposit, you are required to submit either a voided check or letter from the designated financial institution which verifies the direct deposit instructions.
- By electing to have my distributions reinvested in the Distribution Reinvestment Plan, I agree that I have read the Prospectus and have reviewed the Distribution Reinvestment Plan for the investment designated above.
- If you participate in the Distribution Reinvestment Plan we request that you notify the above referenced investment(s) and your broker-dealer in writing at any time there is a material change in your financial condition, including failure to meet the minimum income and net worth standards as set forth in the prospectus of the above referenced investment(s).
- Changes to custodial accounts require a Medallion Guarantee stamp or appropriate authorization from the custodian.

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION

ACCOUNT NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

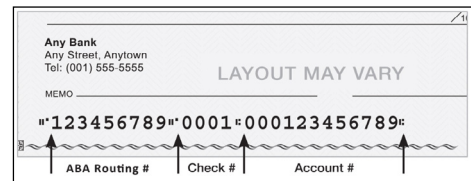
DIRECT DEPOSIT INFORMATION

The above referenced investment(s) is (are) authorized to deposit my (our) distribution directly into the account specified on this form. The authority will remain in force until I (we) have given written notice that I (we) have terminated it, or until the above referenced investment(s) has (have) notified me (us) that this deposit service has been terminated. In the event that the above referenced investment(s) deposit(s) funds erroneously into my (our) account, it is (they are) authorized to debit my (our) account for an amount not to exceed the amount of the erroneous deposit.

Select One:

- Checking Account (voided check REQUIRED)**
 Savings Account

9-DIGIT ROUTING/ABA NUMBER (see example)



5.) SIGNATURES

All Registered Account Owners are Required to Sign

ACCOUNT OWNER SIGNATURE

DATE

JOINT ACCOUNT OWNER OR AUTHORIZED SIGNATURE OF CUSTODIAN

DATE

CUSTODIAL ACCOUNTS REQUIRE A MEDALLION GUARANTEE STAMP OR APPROVAL FROM THE CUSTODIAN