



Griffin Capital Private Equity ACCOUNT UPDATE FORM

Fund Name:

Name of Investor (Vesting):

Complete this form and return to address below.
Griffin Capital Private Equity, LLC
c/o Investor Relations
Griffin Capital Plaza
1520 E. Grand Avenue
El Segundo, CA 90245
Fax: 310.526.0159
Email: InvestorRelationsPE@griffincapital.com

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 ADVISOR/RIA OR BROKER-DEALER** (Sections 1, 3 & 5) **CHANGE OF DISTRIBUTION INSTRUCTIONS** (Sections 1, 4 & 5)

1.) CURRENT INVESTOR INFORMATION

NAME OF PRIMARY INVESTOR OR TRUSTEE (REQUIRED) _____ **NAME OF JOINT INVESTOR OR TRUSTEE (IF APPLICABLE)** _____

TELEPHONE NUMBER _____ **INVESTOR'S SSN** _____ **JOINT INVESTOR'S SSN** _____

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

NEW ADDRESS

CITY _____ **STATE** _____ **ZIP CODE** _____

NEW HOME TELEPHONE NUMBER _____ **NEW BUSINESS TELEPHONE NUMBER** _____

NEW E-MAIL ADDRESS

3.) CHANGE OF ADVISOR/RIA OR BROKER-DEALER

If the investor chooses to change from one advisor to another within the same broker-dealer/RIA Firm, a signature is only required from an authorized principal of the broker-dealer. If the investor chooses to transfer investment(s) to a different broker-dealer/RIA Firm, all registered investors and an authorized principal from the new broker-dealer/RIA Firm must sign. The advisor on the account may **not** sign as the authorized principal for the broker-dealer/RIA Firm.

NEW BROKER DEALER/RIA FIRM NAME

NEW FINANCIAL ADVISOR/RIA _____ **ADVISOR #** _____

BRANCH ADDRESS

CITY _____ **STATE** _____ **ZIP CODE** _____ **EMAIL** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

SIGNATURE BY AUTHORIZED BD or RIA PRINCIPAL (REQUIRED)

X _____

PRINT NAME OF AUTHORIZED PRINCIPAL (REQUIRED)

4.) CHANGE OF DISTRIBUTION INSTRUCTIONS

PLEASE CHECK ALL THAT APPLY:

- Activate Electronic Deposit (ACH)
- Change Electronic Deposit/ACH Account Information
- Discontinue Electronic Deposit (ACH)
- Mail Distribution Checks to Address of Record
- Mail Distribution Checks to Bank or Brokerage Account

- Electronic Deposit (ACH) is not available for investments made through a brokerage account.
- When initiating Electronic Deposit (ACH), you are required to submit a voided check.

FINANCIAL INSTITUTION INFORMATION

NAME OF BANK OR BROKERAGE FIRM

ACCOUNT NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

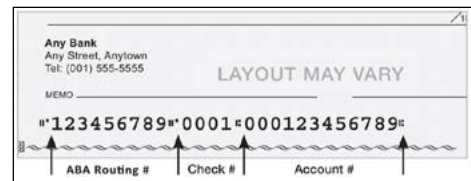
DIRECT DEPOSIT INFORMATION

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 Investors are Required to Sign

PRIMARY INVESTOR'S SIGNATURE

DATE

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

JOINT INVESTOR'S SIGNATURE

DATE