



**Griffin Capital Qualified Opportunity Zone Fund II, L.P.**  
**ADDITIONAL INVESTMENT SUBSCRIPTION AGREEMENT**  
 (For Additional Investments ONLY)

**Additional Investment Subscription Agreement**

This form may be used by any current limited partners in Griffin Capital Qualified Opportunity Zone Fund II, L.P. (the "Company") who desires to purchase additional limited partnership interests of the Company's equity pursuant to the Additional Investment Subscription Agreement. *Limited Partners who acquired limited partnership interests other than through the use of a Griffin Capital Qualified Opportunity Zone Fund II, L.P. Investor Questionnaire and Subscription Agreement (e.g., through a transfer of ownership or T.O.D.) and who wish to make additional investments must complete the Griffin Capital Qualified Opportunity Zone Fund II, L.P. Subscription Agreement / Signature Page and Investor Questionnaire.*

Each prospective investor should examine the suitability of this type of investment in the context of his, her or its own needs, investment objectives and financial capabilities and should make his, her or its own independent investigation and decision as to suitability and risk. In addition, each prospective purchaser is encouraged to consult with his, her or its attorney, accountant, financial consultant or other business or tax advisor regarding the risks and merits of the proposed purchase.

**A – INVESTMENT** (All additional investments must be for at least \$25,000.)

1. This subscription is for:      Individual      Joint Tenants      Tenants in Common      Community Property      Revocable Trust  
    Irrevocable Trust      Joint Tenants      Company or Corporation      Partnership  
    Limited Liability Company      Other: \_\_\_\_\_

2. Payment will be made with      Enclosed check\*      Funds Wired      Additional Investment Amount \$ \_\_\_\_\_

Ownership Information for existing Griffin Capital Qualified Opportunity Zone Fund II, L.P. Account

**B – INVESTOR INFORMATION** (or Trustees if applicable)

**CUSTODIAL OWNERSHIP** (Send ALL paperwork directly to the custodian)

**NON-CUSTODIAL OWNERSHIP** (make check payable to: "Griffin Capital Qualified Opportunity Zone Fund II, L.P.")

NAME OF INVESTOR/TRUSTEE (Required)	Mr.	Mrs.	Ms.	NAME OF JOINT INVESTOR/TRUSTEE (If applicable)	Mr.	Mrs.	Ms.
<input type="text"/>				<input type="text"/>			

PRIMARY INVESTOR DATE OF BIRTH (MM/DD/YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	JOINT INVESTOR DATE OF BIRTH <input type="text"/> - <input type="text"/> - <input type="text"/> (MM/DD/YYYY)	ENTITY TAX ID # (If applicable) <input type="text"/> - <input type="text"/>
INVESTOR SSN# <input type="text"/> - <input type="text"/> - <input type="text"/>	JOINT INVESTOR / AUTHORIZED SIGNER SSN# <input type="text"/> - <input type="text"/> - <input type="text"/>	

**C – INVESTOR(S) SIGNATURES:** Under penalty of perjury, by signing this Additional Investment Subscription Agreement, I (we) hereby certify (a) I (we) have provided herein my (our) correct Taxpayer Identification Number; (b) I am (we are) not subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am (we are) no longer subject to backup withholding; and (c) I am (we are) a U.S. Citizen unless I (we) have indicated otherwise in a previously executed and submitted Subscription Agreement. Each investor must separately sign and initial the representation made in this Additional Investment Subscription Agreement. Except in the case of fiduciary accounts, the investor may not grant any person a power of attorney to make such representation on his or her behalf.

(A) I acknowledge that the information contained in the original Investor Questionnaire and Subscription Agreement remains true and correct.

INITIALS    INITIALS

(B) I further affirm the accuracies of all the representations and warranties in the original Investor Subscription Agreement.

INITIALS    INITIALS

\*Please be advised that investment funds sent via check may take in excess of 10 business days to clear.



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IF YOU MAKE SUBSEQUENT PURCHASES OF LIMITED PARTNERSHIP INTERESTS OF GRIFFIN CAPITAL QUALIFIED OPPORTUNITY ZONE FUND II, L.P. WE REQUEST THAT YOU NOTIFY GRIFFIN CAPITAL QUALIFIED OPPORTUNITY ZONE FUND II, L.P. 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 REQUIRED UNDER THE PRIVATE PLACEMENT MEMORANDUM OF GRIFFIN CAPITAL QUALIFIED OPPORTUNITY ZONE FUND II, L.P. BY SIGNING THIS AGREEMENT, YOU ARE NOT WAIVING ANY RIGHTS UNDER THE FEDERAL OR STATE SECURITIES LAWS. BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE RECEIPT OF THE PRIVATE PLACEMENT MEMORANDUM, WHETHER HARDCOPY, ELECTRONIC COPY OR VIA ANY OTHER DELIVERY METHOD.

SIGNATURE OF INVESTOR/TRUSTEE (Required)

DATE (Required)

SIGNATURE OF JOINT INVESTOR/TRUSTEE (if applicable)

AUTHORIZED SIGNATURE (Custodian)

**MUST BE SIGNED AND SIGNATURE GUARANTEED BY CUSTODIAN(S) IF IRA, KEOGH, QUALIFIED PLAN OR NON-QUALIFIED CUSTODIAL ACCOUNTS**  
 (THE COMPANIES AND THEIR AFFILIATES DO NOT ACT AS IRA, KEOGH, QUALIFIED PLAN OR NON-QUALIFIED CUSTODIANS)

**TO BE COMPLETED BY FINANCIAL ADVISOR OR REGISTERED INVESTMENT ADVISOR**

The Financial Advisor (Advisor) or Registered Investment Advisor (RIA) must sign below to complete the order. The Advisor or RIA warrants that he/she has reasonable grounds to believe this investment is suitable for the investor as set forth in the section of the Private Placement Memorandum entitled "Investor Eligibility Requirements" and that he/she has informed the subscriber of all aspects of liquidity and marketability of this investment.

BROKER-DEALER OR RIA FIRM NAME (Required)

BROKER-DEALER OR RIA FIRM ADDRESS OR P.O. BOX

CITY

STATE

ZIP

BUSINESS PHONE# (Required)

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FAX #

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FINANCIAL ADVISOR(S) OR RIA(S) NAMES (Required)

REPRESENTATIVE #

FINANCIAL ADVISOR OR RIA ADDRESS OR P.O. BOX

BRANCH ID #

CITY

STATE

ZIP

BUSINESS PHONE# (Required)

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E-MAIL ADDRESS

SIGNATURE(S) OF REGISTERED REP(S) OR INVESTMENT ADVISOR REP(S)

DATE (Required)

PRINT PRINCIPAL NAME

SIGNATURE OF BROKER-DEALER OR RIA Principal (If required by Broker-Dealer)

DATE (Required)

SIGNATURE GUARANTEE  
(REQUIRED)

*(Required for Registered Reps)*

I hereby certify that I hold a Series 7 or Series 22 FINRA license and I am registered in the following state in which this sale was completed.

STATE

(Required)

NES Financial  
 Attn: Investor Relations  
 1099 Hingham Street  
 Suite 200  
 Rockland, MA 02370