



**INSTRUCTIONS FOR COMPLETING THE GRIFFIN CAPITAL QUALIFIED OPPORTUNITY ZONE FUND II, L.P. TRANSFER ON DEATH (T.O.D.) FORM**

**Initial Investor Review**

A T.O.D. designation transfers limited partnership interests to the registered owner's (owners') beneficiary(ies) upon death outside of the probate process. Until the death of all the account owner(s), the T.O.D. beneficiary(ies) has (have) no present interest in, or authority over, the T.O.D. account.

***Before completing this Transfer on Death (T.O.D.) form, please be sure to speak with your estate planning counsel and tax advisor to ensure that utilization of the T.O.D. process is appropriate for your circumstances.***

Griffin Capital Private Equity, LLC ("GCPE") will accept a T.O.D. designation **only** where beneficial interests are owned by a natural person and registered in that individual's name or by two or more natural persons as joint tenants with rights of survivorship. Accounts registered to trusts, corporations, charities, and other such entities **may not** declare a T.O.D. designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a T.O.D. for accounts registered to a natural person.

A T.O.D. designation made by joint tenants with rights of survivorship does not take effect until the last of all multiple owners are deceased. The surviving owners may revoke or change the T.O.D. designation at any time. Minors may not be named as a beneficiary unless a guardian for such minor is also named. Finally, please note that a T.O.D. designation **will not be accepted** from residents of Louisiana or Texas.

A T.O.D. designation on an account will remain in effect until GCPE has confirmed any request to amend such designation. All requests to revoke, change or amend a T.O.D. designation may be made in accordance with the document submission procedures described below.

This form must not be used in conjunction with custodial held registrations. Under custodial held registrations, T.O.D. designations of beneficiaries will be collected by the Custodian.

A T.O.D. designation may be voided at any time by the registered owner(s), in its (their) sole discretion, if there is any doubt as to the validity or effectiveness of a T.O.D. designation.

***Please be sure to properly complete this T.O.D. designation and to ensure that all information contained herein is correct. Individuals must sign in their appropriate capacity such as executor, trustee, or survivor. GCPE reserves the right to reject a T.O.D. designation in its sole and absolute discretion at any time if GCPE determines that there is any doubt as to the validity or effectiveness of a T.O.D. designation.***



**TRANSFER ON DEATH (T.O.D.) FORM**

(OPTIONAL - NOT APPLICABLE FOR CUSTODIAL HELD ACCOUNTS)

**Required Documents**

In order for Griffin Capital Private Equity, LLC ("GCPE") to process a T.O.D. designation upon the death(s) of the designating investor(s), GCPE requires receipt of the following:

1. A certified copy of decedent's death certificate.
2. Certified letters of office appointing executor of the decedent's estate.
3. For an entity (corporation, limited liability company, partnership, etc.) that has been designated as a beneficiary, please provide the following (as applicable):
  - (i) Corporate bylaws
  - (ii) Limited liability company operating agreement
  - (iii) Partnership agreement
  - (iv) Resolution authorizing the acceptance of the beneficial ownership interest
  - (v) Certificate of formation and certificate of good standing in the entity's state of formation.
  - (vi) For a trust that has been designated as a beneficiary, please provide the following:
    - Trust Agreement, or at a minimum, a copy of the cover page and executed signature pages of the trust agreement along with the pages detailing the name(s) of the Grantor(s), Trustee(s), Beneficiary(ies) and powers of the Trustee(s)
    - Trust certification
4. Once the required documentation described above has been provided, GCPE will provide an Assignment Agreement for you to have executed and notarized in order to complete the T.O.D. transfer.

**Document Submission Procedures**

The T.O.D designation form, any requests to revoke, change, or amend a T.O.D designation, and all required documents to process a T.O.D designation upon the death(s) of the designating investor(s) may be submitted to GCPE by any one of the following procedures:

5. Upload securely at [GriffinCapital.com/QOZFII](https://GriffinCapital.com/QOZFII) (preferred and most secure)
6. eFax to Griffin Capital Investor Relations at (310) 526-0159
7. Mail directly to:
  - NES Financial
  - Attention: Investor Relations
  - 1099 Hingham Street, Ste. #200
  - Rockland, MA 02370



**TRANSFER ON DEATH (T.O.D.) FORM**

(OPTIONAL - NOT APPLICABLE FOR CUSTODIAL HELD ACCOUNTS)

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  
InvestorRelationsPE@griffincapital.com  
Fax: 310.526.0159

(Fax only accepted on non-custodial accounts)

Name of Investor: \_\_\_\_\_

**INVESTOR INFORMATION**

NAME OF PRIMARY INVESTOR (Required)

INVESTOR'S SSN \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_ STATE OF RESIDENCE \_\_\_\_\_

NAME OF JOINT INVESTOR (If applicable)

INVESTOR'S SSN \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_ STATE OF RESIDENCE \_\_\_\_\_

ENTITY TAX ID# \_\_\_\_\_

**TRANSFER ON DEATH DESIGNATION**

I (we) authorize the above referenced investment(s) to register all of my (our) limited partnership interests in beneficiary form, assigning ownership on my (our) death to my (our) beneficiary(ies). I understand that if more than one beneficiary is listed, percentages for each must be designated. If percentages are not designated, the limited partnership interests will be divided equally. Percentages must equal 100%. For additional beneficiaries, please complete and attach an additional form.

**PRIMARY BENEFICIARY**

FULL NAME \_\_\_\_\_ GUARDIAN (if applicable) \_\_\_\_\_

SSN (REQUIRED) \_\_\_\_\_ TAX ID # \_\_\_\_\_ PERCENTAGE \_\_\_\_\_  
OR \_\_\_\_\_ %

DATE OF BIRTH (REQUIRED) \_\_\_\_\_

**SECOND BENEFICIARY OR CONTINGENT BENEFICIARY**  
FULL NAME \_\_\_\_\_ GUARDIAN (if applicable) \_\_\_\_\_

SSN (REQUIRED) \_\_\_\_\_ TAX ID # \_\_\_\_\_ PERCENTAGE \_\_\_\_\_  
OR \_\_\_\_\_ %

DATE OF BIRTH (REQUIRED) \_\_\_\_\_

**THIRD BENEFICIARY OR CONTINGENT BENEFICIARY**  
FULL NAME \_\_\_\_\_ GUARDIAN (if applicable) \_\_\_\_\_



Griffin Capital Qualified Opportunity Zone Fund II, L.P.
TRANSFER ON DEATH (T.O.D.) FORM

(OPTIONAL - NOT APPLICABLE FOR CUSTODIAL HELD ACCOUNTS)

SSN (REQUIRED) OR TAX ID # PERCENTAGE
- - - - - OR - - - - - %

DATE OF BIRTH (REQUIRED)
- - - - -

FOURTH BENEFICIARY OR CONTINGENT BENEFICIARY
FULL NAME GUARDIAN (if applicable)

SSN (REQUIRED) OR TAX ID # PERCENTAGE
- - - - - OR - - - - - %

DATE OF BIRTH (REQUIRED)
- - - - -

SIGNATURE

By signing below, I (we) authorize the above referenced investment(s) to register all of my (our) limited partnership interests in T.O.D. form. The designation(s) will be effective on the date of receipt. Accordingly, I (we) hereby revoke any beneficiary designation(s) made previously with respect to my (our) limited partnership interests in above referenced investment(s). I (we) have reviewed the information set forth below. I (we) agree on behalf of myself (ourselves) and my (our) heirs, assigns, executors, administrators and beneficiaries to indemnify and hold harmless the above referenced investment(s) and any and all of its (their) affiliates, agents, successors and assigns, and its and their respective directors, managers, officers and employees, from and against any and all claims, liability, damages, actions and expenses arising directly or indirectly out of or resulting from the transfer of my (our) limited partnership interests in accordance with this T.O.D. designation. I (we) further understand that the above referenced investment(s) cannot provide any legal advice and I (we) agree to consult with my (our) attorney, if necessary, to make certain that the T.O.D. designation is consistent with my (our) estate and tax planning.

Sign exactly as the name(s) appear(s) in the Subscription Agreement. All registered owners must sign. This authorization form is subject to the acceptance of the above referenced investment(s).

X
SIGNATURE OF PRIMARY INVESTOR (REQUIRED) DATE

X
SIGNATURE OF JOINT INVESTOR (if applicable) DATE

Empty box for MEDALLION GUARANTEE STAMP (REQUIRED)