

INSTRUCTIONS

NOTICE TO INVESTORS

The following contains detailed instructions on how an Investor in one of Griffin Capital's funds completes and submits a Distribution Instructions Update Form, permitting a change to the distribution instructions on the Investor's account as stated in their Subscription Document.

INSTRUCTIONS FOR INVESTORS

For an Investor to update their account information, all applicable Investor information must be completed, dated, and executed below. Electronic signatures (**with an accompanying certificate of authenticity**), photocopy, facsimile, and wet signatures are acceptable forms of execution. Please note that all Investor information and signatures must be consistent with the Investor's original Subscription Document. Once completed, Investors must provide the Distribution Instructions Update Form and any accompanying documents to Griffin Capital using one of the methods below.

DOCUMENT SUBMISSION

Once the form has been fully completed and executed by all parties, the form should be returned using one of the following methods:

- eFax to Griffin Capital Investor Relations at (310) 526-0159
- Email to Griffin Capital's Investor Relations Team at lnvestorRelations@griffincapital.com
- Mail directly to Griffin Capital, Attention: Investor Relations, 266 Kansas Street, El Segundo, CA 90245
- To request a secure link to upload, please email lnvestorRelations@griffincapital.com

CURRENT INVESTOR INFORMATION

Fund Name (Please list a	ll that apply):		
Name of Investor:			
Type of Ownership:	☐ Community Property	☐ Partnership	☐ Limited Liability Company
INVESTOR #1			
Please provide the below	v information for Spouse, Equity	Owner, etc. #1:	
Salutation:	\square Mr. \square Mrs. \square Ms. \square Prefer Not to Say \square Other (Please Specify):		
Name: Date of Birth: Social Security No.: State of Residence:			
INVESTOR #2, IF APPLI	<u>CABLE</u>		
Please provide the below	v information for Spouse, Equity	Owner, etc. #2:	
Salutation:	□ Mr. □ Mrs. □ Ms. □ Prefe	er Not to Say □ Other (F	Please Specify):
Name: Date of Birth: Social Security No.: State of Residence:			

Please provide additional pages as necessary.

CHANGE OF DISTRIBUTION INSTRUCTIONS

For an Investor to update their distribution instructions, please confirm the new requested distribution method

below (select one):

Via Check to Brokerage Account

Please confirm how the check should be made out (must not exceed 50 characters):

Please confirm the brokerage account address:

Account Number:

Via Check to Mailing Address of Record

Please confirm how the check should be made out (must not exceed 50 characters):

Electronic Deposit (ACH)

Please include a voided check and complete the following information:

Name of Bank/Brokerage

Firm/Individual:

Mailing Address:

City, State, Zip Code:

Bank ABA Number:

Account Number:

For Further Credit:

SIGNATURES & CERTIFICATION

By signing below, the Investor is authorizing the above referenced changes to their account. The below mus match exactly as the name(s) appear(s) in the Subscription Document. All registered owners must sign. This authorization form is subject to the acceptance of the above referenced investment(s).				
Investor #1 Signature & Date	Investor #2 Signature & Date			
Investor #1 Print Name	Investor #2 Print Name			