

## INSTRUCTIONS

#### **NOTICE TO INVESTORS**

The following contains detailed instructions on how an Investor in one of Griffin Capital's funds completes and submits a Financial Professional Update Form, permitting a change of registered representative/registered investment advisor ("Financial Professional") and/or broker dealer/registered investment advisor firm, as well as a change in distribution instructions, as applicable, 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 Financial Professional Update Form and any accompanying documents to Griffin Capital using one of the methods below. For custodial held accounts, Investors must provide the Financial Professional Update Form and any accompanying documents to Griffin Capital.

#### **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 <u>InvestorRelations@griffincapital.com</u>
- Mail directly to Griffin Capital, Attention: Investor Relations, 266 Kansas Street, El Segundo, CA 90245
- To request a secure link to upload, please email InvestorRelations@griffincapital.com

# **CURRENT INVESTOR INFORMATION**

| Name of Investor:        |                                                                  |                   |                             |
|--------------------------|------------------------------------------------------------------|-------------------|-----------------------------|
| Type of Ownership:       | 🗆 Individual Ownership                                           | □ Joint Tenants   | □ Tenants in Common         |
|                          | Community Property                                               | 🗆 Revocable Trust | □ Irrevocable Trust         |
|                          | □ Corporation                                                    | □ Partnership     | □ Limited Liability Company |
|                          | □ Other (specify):                                               |                   |                             |
| INVESTOR #1              |                                                                  |                   |                             |
| Please provide the below | information for Spouse, Equity                                   | Owner, etc. #1:   |                             |
| Salutation:              | □ Mr. □ Mrs. □ Ms. □ Prefer Not to Say □ Other (Please Specify): |                   |                             |
| Name:                    |                                                                  |                   |                             |
| Date of Birth:           |                                                                  |                   |                             |
| Social Security No.:     |                                                                  |                   |                             |
|                          |                                                                  |                   |                             |

Please provide the below information for Spouse, Equity Owner, etc. #2:

| Salutation:          | $\Box$ Mr. $\Box$ Mrs. $\Box$ Ms. $\Box$ Prefer Not to Say $\Box$ Other (Please Specify): |  |
|----------------------|-------------------------------------------------------------------------------------------|--|
| Name:                |                                                                                           |  |
| Date of Birth:       |                                                                                           |  |
| Social Security No.: |                                                                                           |  |
| State of Residence:  |                                                                                           |  |

Please provide additional pages as necessary.

### CHANGE OF FINANCIAL PROFESSIONAL AND/OR BROKER DEALER

To update an Investor's Financial Professional and/or broker dealer/registered investment advisor firm of record, please complete the following information.

| New Broker Dealer or RIA Firm Name: |  |
|-------------------------------------|--|
| New Financial Professional Name:    |  |
| Financial Professional ID / CRD #:  |  |
| Branch Address:                     |  |
| City / State / Zip:                 |  |
| Phone Number:                       |  |
| Fax Number:                         |  |
| Email Address:                      |  |

If the Investor chooses to change from one Financial Professional to another within the same broker dealer or registered investment advisor firm, a signature from a principal of the firm is required below. If the Investor chooses to transfer their Interest to a different broker dealer or registered investment advisor firm, a signature from the principal of the new firm is required below.

Authorized Principal Signature & Date

Authorized Principal Print Name

### **CHANGE OF DISTRIBUTION INSTRUCTIONS**

If your change in Financial Professional and/or broker dealer/registered investment advisor firm results in a change in distribution instructions, please confirm your updated distribution method below (select one):

- □ Via Wire (For Custodial Held Accounts Only)
- □ 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<br>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 must 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

### **CUSTODIAN CERTIFICATION**

#### **REQUIRED FOR CUSTODIAL HELD INVESTORS ONLY**

For custodial ownership accounts, the Investor's Financial Professional Update Form must be fully completed, dated, executed, and sent to the custodian for review and certification.

To approve the foregoing information, please fully complete, sign and certify via medallion guarantee the following:

| Name of Custodian or Trustee:    |      |
|----------------------------------|------|
| Name of Trust, If Applicable:    |      |
| Mailing Address:                 |      |
| City, State, Zip:                |      |
| Business Phone:                  |      |
| Custodian Tax ID#                |      |
| Custodian Account #:             |      |
| Grantor(s)/Testator(s):          |      |
| Name of Custodian/Administrator: |      |
|                                  |      |
| Custodian Signature              | Date |
| Medallion Guarantee (Required):  |      |

#### PAPERWORK SUBMITTAL

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