

TRANSFER ON DEATH INSTRUCTIONS

NOTICE TO INVESTORS

The following contains detailed instructions on how to complete and submit the Transfer on Death ("TOD") Form, which designates the beneficiary(ies) of a limited partner's ("Investor") limited partnership interest ("Interest") in one of Griffin Capital's qualified opportunity zone funds (the "Fund"), as stated in the Investor's Subscription Document, upon the death of the Investor outside of the probate process. Until the death of all the respective Investors of the Interest, the TOD beneficiary(ies) has (have) no present interest in, or authority over, the Investor's account.

Griffin Capital will accept a TOD Form only where Interests are owned and registered in an individual's name or as joint tenants with rights of survivorship. Accounts that are registered as trusts or entities may not declare a TOD designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a TOD form for accounts registered to an individual or joint individuals. A TOD designation made by joint tenants with rights of survivorship will not take effect until the last of all multiple Investors are deceased. The surviving Investors may revoke or change the TOD designation at any time. A TOD designation will remain in effect until Griffin Capital has received and confirmed a new TOD designation in accordance with the TOD Form submission procedures. TOD Forms may be voided at any time by Griffin Capital or by the Investor(s), in their sole discretion, if there is any doubt as to the validity or effectiveness of a TOD designation.

Minors may not be named as beneficiaries on the TOD Form without a guardian also being named. TOD Forms will not be accepted from residents of Louisiana. TOD Forms cannot be used for custodial held accounts as TOD designations of beneficiaries are collected by the Investor's custodian.

Before completing the TOD Form, Griffin Capital strongly encourages Investors to speak with their estate planning counsel and tax advisor to ensure that utilization of the TOD process is appropriate for their circumstances.

INSTRUCTIONS FOR INVESTORS

For an Investor(s) to designate the transfer of their Interest in the Fund to their beneficiary(ies) upon death, all applicable Investor information must be completed, dated, executed, and notarized below. Electronic signatures (with an accompanying certificate of authenticity), photocopy, facsimile, and wet signatures are acceptable forms of execution. Please note that all Investors and signers must be consistent with the Investor's original Subscription Document. Once completed, Investors must provide the TOD Form and any accompanying documents to Griffin Capital using one of the methods below.

Please see Appendix A for information on what is required to effectuate the transfer of Interest to the designated beneficiaries upon the death of the Investor.

DOCUMENT SUBMISSION

Preferred and Most Secure: Upload securely at GriffinCapital.com/QOZF

eFax to Griffin Capital Investor Relations at (310) 526-0159

Email to Griffin Capital's Investor Relations Team at InvestorRelations@griffincapital.com

Mail directly to Griffin Capital, Attention: Investor Relations, 266 Kansas Street, El Segundo, CA 90245

INVESTOR INFORMATION

Fund Name: _____

Name of Investor: _____

Type of Ownership:

☐ Individual Ownership

☐ Joint Tenants

☐ Community Property

☐ Tenants in Common

Owner / Authorized Signer # 1 Name: _____

Owner / Authorized Signer # 2 Name (If Applicable): _____

Owner / Authorized Signer # 3 Name (If Applicable): _____

Owner / Authorized Signer # 4 Name (If Applicable): _____

TRANSFEROR ON DEATH DESIGNATION

BENEFICIARY INFORMATION

Type of Beneficiary: ☐ Individual Ownership ☐ Joint Tenants ☐ Tenants in Common
☐ Community Property ☐ Revocable Trust ☐ Irrevocable Trust
☐ C-Corporation ☐ Partnership ☐ Limited Liability Company
☐ S-Corporation ☐ Disregarded Entity

Trust / Entity Tax ID: _____

PRIMARY BENEFICIARY / AUTHORIZED SIGNER #1

Please provide the below information for Beneficiary, Trustee, etc. #1:

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prefer Not to Say ☐ Other (Please Specify): _____

Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Phone No.: _____

E-mail Address: _____

Country of Residence: _____

Guardian (for Minors): _____

Percentage to Transfer: _____

SECOND OR CONTINGENT BENEFICIARY, AUTHORIZED SIGNER #2, IF APPLICABLE

Please provide the below information for Beneficiary, Trustee, etc. #2:

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prefer Not to Say ☐ Other (Please Specify): _____

Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Phone No.: _____

E-mail Address: _____
Country of Residence: _____
Guardian (for Minors): _____
Percentage to Transfer: _____

THIRD OR CONTINGENT BENEFICIARY / AUTHORIZED SIGNER #3, IF APPLICABLE

Please provide the below information for Beneficiary, Trustee, etc. #3:

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prefer Not to Say ☐ Other (Please Specify): _____
Name: _____
Date of Birth: _____
Social Security No.: _____
Home Address: _____
City / State / Zip: _____
Mailing Address: _____
City / State / Zip: _____
Phone No.: _____
E-mail Address: _____
Country of Residence: _____
Guardian (for Minors): _____
Percentage to Transfer: _____

FOURTH OR CONTINGENT BENEFICIARY / AUTHORIZED SIGNER #4, IF APPLICABLE

Please provide the below information for Beneficiary, Trustee, etc. #4:

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prefer Not to Say ☐ Other (Please Specify): _____
Name: _____
Date of Birth: _____
Social Security No.: _____
Home Address: _____
City / State / Zip: _____
Mailing Address: _____
City / State / Zip: _____
Phone No.: _____
E-mail Address: _____
Country of Residence: _____
Guardian (for Minors): _____
Percentage to Transfer: _____

Please provide additional pages as necessary.

SIGNATURES & CERTIFICATION

I (we) authorize the above referenced investment 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%. 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 the above referenced investment. 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 and any and all of its (their) affiliates, 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 TOD designation. I (we) further understand that the above referenced investment cannot provide any legal advice and I (we) agree to consult with my (our) attorney, if necessary, to make certain that the TOD designation is consistent with my (our) estate and tax planning.

The below must match exactly as the name(s) appear(s) in the Subscription Document. All registered owners must sign, and the signatures must be notarized. This authorization form is subject to the acceptance of the above referenced investment(s).

All applicable investors are required to sign, and the signatures must be notarized or certified via medallion signature guarantee.

Owner #1 Signature & Date

Owner #2 Signature & Date

Owner #1 Print Name

Owner #2 Print Name

Owner #3 Signature & Date

Owner #4 Signature & Date

Owner #3 Print Name

Owner #4 Print Name

APPENDIX A

REQUIRED UPON THE DEATH OF THE DESIGNATING INVESTOR

Upon the death(s) of the designating Investor(s), Griffin Capital requires receipt of the following documentation before the TOD Form can be processed:

1. A certified copy of the decedent(s) **Death Certificate(s)**
2. Certified **Letters of Office** appointing the executor of the decedent's (decedents') estate
3. Beneficiary **Tax Reporting Information** confirming the name in which their Schedule K-1 should be issued
4. Beneficiary **Distribution Information** confirming the payment instructions by which distributions should be sent
5. An **Assignment Agreement** to be completed, signed by all Beneficiary authorized signers, and notarized.
6. For designated beneficiaries that are **trusts or entities**, the following documentation is required, as applicable:
 - a. **Trusts** must submit: (1) a copy of the trust agreement's title page confirming the legal name of the trust, the page(s) designating signing authority on behalf of the trust and detailing the name(s) of the grantor(s), trustee(s), beneficiary(ies), and powers of the trustee(s), with any and all amendments thereto; (2) a Trust Certificate
 - b. **Corporations** must submit: (1) a copy of the corporation's bylaws' title page confirming the legal name of the corporation, and the page(s) designating signing authority on behalf of the corporation, with any and all amendments thereto; (2) an Incumbency Certificate; (3) a Corporate Resolution; and (4) an Officer's Certificate
 - c. **Partnerships** must submit: (1) a copy of the investor's partnership agreement's title page confirming the legal name of the partnership, and the page(s) designating signing authority on behalf of the partnership, with any and all amendments thereto; and (2) a Partnership Resolution
 - d. **Limited Liability Companies** must submit: (1) a copy of the investor's operating agreement's title page confirming the legal name of the limited liability company, and the page(s) designating signing authority on behalf of the limited liability company, with any and all amendments thereto; and (2) a Limited Liability Company Resolution