

# Summit Healthcare REIT, Inc.

## Change of Distribution Election Form

**IF THIS IS A CUSTODIAL ACCOUNT, SUCH AS AN IRA OR SEP, CONTACT YOUR CUSTODIAN.  
THE CUSTODIAN'S SIGNATURE IS REQUIRED IN ORDER TO PROCESS SUCH REQUESTS.**

**A - CHANGE OF DISTRIBUTION ELECTION** - Please mark one selection only.

- Mail Check to Address of Record
- Send Distribution to a Third Party or via ACH:
- Via Mail (complete #1 through #4 below)
- Via Electronic Deposit (ACH) (complete #1 through #5 below and attach a voided check)
- Please check type of account:  Checking  Savings

1. Name of Bank, Brokerage Firm or Individual \* \_\_\_\_\_
2. Distribution Mailing Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_
4. Account # (if applicable) \_\_\_\_\_ 5. Bank Routing # \_\_\_\_\_  
(For ACH Only)
- A voided check must be submitted for distributions via ACH or your request will not be processed.

\* If cash distribution is sent to an individual other than the registered owner, the stockholder's signature(s) must be medallion guaranteed.

**B- SIGNATURE** - Must be signed by all stockholders.

\_\_\_\_\_  
Signature - Stockholder Date

\_\_\_\_\_  
Signature - Co-Stockholder Date

\_\_\_\_\_  
Printed Name of Stockholder

\_\_\_\_\_  
Printed Name of Co-Stockholder

Account # (Required) \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_  
Signature - Custodian \*\* (if applicable)

\*\* Medallion Guaranteed Signature or Corporate Resolution Required

**MAIL COMPLETED FORM TO:**

**Regular Mail:**  
Summit Healthcare REIT, Inc.  
c/o Computershare  
P.O. Box 505013  
Louisville, Kentucky 40233-5013

**Overnight Delivery:**  
Summit Healthcare REIT, Inc.  
c/o Computershare  
462 S 4th Street  
Suite 1600  
Louisville, Kentucky 40202

Medallion Signature Guarantee  
REQUIRED

All signatures must be medallion signature guaranteed

**Questions:**

Summit Healthcare REIT  
Investor Services  
1-888-522-1771