



DISTRIBUTION SELECTION OR MODIFICATION FORM

Not applicable for custodial-account registrations. Investments registered as custodial accounts will have distributions sent directly to the custodian FBO the Investor

This document must be completed whenever the distribution instructions for SUMMIT HEALTHCARE REIT, INC. (the "Company") are to be selected or changed, or any part of the distribution is to be sent to a name and address other than the registered owner

INVESTOR INFORMATION:

Investor's Name (must be exactly as it appears on the account or subscription agreement) SS or Tax ID Number

Joint Investor's Name (if applicable) SS or Tax ID Number

AUTHORIZATION OR MODIFICATION OF DISTRIBUTION METHOD:

Please select only one of the following options below.

- I prefer distributions to be paid to me at my address of record.
I prefer distributions to be deposited directly via ACH into my checking account. By enclosing a voided check I authorize the Company to begin making electronic deposits to the designated checking account. An automated deposit entry shall constitute the receipt for each transaction. This authority is to remain in force until the Company receives written notification of its termination at such time and in such manner as to give the Company reasonable time to act. In the event that the Company deposits distributions erroneously into the account, it is authorized to debit the account for the amount of the erroneous deposit. Please provide a voided check for checking account.

Name of Bank or Financial Institution

Address of Bank or Financial Institution

Transit / Aba Routing Number (9 digits) of Bank or Financial Institution

- Checking
Savings

Account Number

- I prefer to direct distributions via check to a third party per my instructions below. To direct distributions to a party other than the registered owner, please provide the following information:

Institution / Payee

Street Address

City, State and Zip Code

Account Number (if sent to a bank or financial institution)

DISTRIBUTION SELECTION OR MODIFICATION FORM (continued)

AUTHORIZATION:

By making the selection above and signing this form, I understand that I am authorizing the Company to select or modify distributions as indicated. This authorization revokes all prior payment direction notifications applicable to these payments. This authorization is to remain in full force until I provide the Company with written notification of its termination.

This original document must be sent to Investor Services at the address below.

Phone request, photocopies or facsimiles are not accepted.

Signature of Investor

Date

Signature of Joint Investor, Trustee,
or Authorized Person (if applicable)

Date

MAIL COMPLETED FORM TO:
CONDUENT SECURITIES SERVICES, Inc., 12720 Hillcrest Road, Ste.115, Dallas Texas 75230 • PHONE (888) 522-1771