



INVESTOR CHANGE OF ADDRESS FORM

This form may be used by any current investor ("Investor") in Summit Healthcare REIT, Inc. ("the Company") to change the address in the records of the Company for delivery of information and distributions (if applicable).

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)

OLD ADDRESS:

NEW ADDRESS:

Street Address (No P.O. Box allowed)

City State Zip

Mailing Address (if different from above – P.O. Box allowed) City State Zip

Phone Email Address

I consent to the electronic delivery of the documents that the deliverer elects to deliver to me electronically. This includes documents filed with the Securities and Exchange Commission including but not limited to 10Ks, 10Qs, 8Ks, and proxy statements as well as press releases, regular distribution reports, 1099s, and other documents provided to Summit Healthcare REIT, Inc.'s stockholders generally.

AUTHORIZATION:

The undersigned hereby instructs and authorizes information and distributions (if applicable) for the Social Security or Tax ID Number identified above to be sent to the new address provided above on or after the date this form is processed. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records of the Company. If the Investor currently has direct deposit of distributions, the company shall continue to comply with the Investor's existing instructions. To change any direct deposit information, please use the Distribution Selection or Modification Form.

MY SIGNATURE BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I acknowledge the information and distributions (if applicable) sent prior to the date this instruction becomes effective (generally up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for. This instruction supersedes all prior instructions regarding the subject matter hereof.

Signature of Investor

Printed Name Date

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

Printed Name Date

ELECTRONIC DELIVERY DISCLOSURE

By signing this card, you are providing consent for Summit Healthcare REIT, Inc. ("We", "Us") to provide required documents to you electronically. This consent for electronic delivery covers all documents that we are required to give you for this and every one of your accounts with us and is effective until withdrawn by you. You should print or otherwise retain a copy of this disclosure for your records.

Agreeing to accept required documents electronically means that once we present them to you and, if required, you click to accept them, the terms contained in those documents will apply to you and your accounts with us. It also means that we may not mail you copies of documents that are provided electronically.

Here are some of the documents that we may provide to you electronically:

- Periodic statements
- Securities and Exchange Commission filings
- Any disclosure or notification that is required under applicable regulations.
- Our Privacy Policy
- Year-end tax documents

We may, at our discretion, make electronic documents available to you via our website or by e-mail, and may choose to send paper copies of documents to you even though we made or could have made them available to you electronically.

You can withdraw your consent to electronic delivery, but doing so will not affect the legal effectiveness, validity, or enforceability of the electronic documents that were provided to you before your withdrawal became effective. If you withdraw consent for electronic delivery, we will provide documents to you using the United State Postal Service.

You can request that we send you a paper copy of any document that was originally provided electronically (we may charge you a fee for providing some documents), withdraw your consent to receive future documents electronically, or provide us with updated information about how we can contact you electronically by writing to us or by using a method that may be made available to you on this website. If your e-mail address changes, you must provide us with the new address at least five (5) days before the change either by writing to us or by using a method that may be made available to you on this website.

You can write to us at: Summit Healthcare REIT, Inc.
2 South Pointe Drive, Suite 100
Lake Forest, CA 92630

In order to receive electronic documents you will need a working connection to the Internet. Your browser must support the Secure Sockets Layer (SSL) protocol. SSL provides a secure channel to send and receive data over the Internet through HS encryption capabilities. Microsoft Internet Explorer® version 7 or higher and Mozilla Firefox® version 3 or higher support this feature. You will also need either a printer connected to your computer to print documents or sufficient hard drive space available to save the information.

We may change this disclosure by posting the revised version on our website.

By signing this card, you are confirming that you consent to electronic delivery of documents, that your system meets the requirements described above, that you are able to access documents presented on our website or via e-mail, and that you can either print or electronically store these documents.