



REGISTRATION TRANSFER REQUEST FORM

ITEMS A THROUGH D TO BE COMPLETED BY TRANSFEROR (Current Owner)

A. TRANSFEROR NAME AND ADDRESS (Custodian, Trust, or Individual) PRINT NAME(S) IN WHICH SHARES ARE CURRENTLY REGISTERED.

Name of Custodian, Trust, Trustee, other Administrator, or Business Entity (if applicable) SS or Tax ID Number

Name of Investor, Trustee or Authorized Officer (include Mr., Mrs., Dr., etc.): SS or Tax ID Number

Name of Joint Investor, if applicable (include Mr., Mrs., Dr., etc.): SS or Tax ID Number

Street Address Investor/Shareholder Number

City State Zip

Email Address

Home Phone Number Business Phone Number Custodian Account # (if applicable)

B. REASON FOR TRANSFER

- Re-registration (name change, divorce/separation, individual to trust, etc.)
- Sale
- Death
- Gift
- Other (please specify): _____

C. TRANSFER OF SHARES

All Shares Partial: #of Shares: _____ OR % of Shares _____%

D. TRANSFEROR SIGNATURES PLEASE SIGN YOUR NAME(S) EXACTLY AS THEY APPEAR ON YOUR ACCOUNT

*******EACH SIGNATURE MUST BE SEPARATELY MEDALLION SIGNATURE GUARANTEED*******

By signing below, I/we make the following warranties, representatives, and agreements:

1. I/we have read and understand this Registration Transfer Request form and all accompanying instructions, and hereby instruct Conduent Securities Services, Inc and Summit Healthcare REIT, Inc. or its affiliates (hereafter, "you") to transfer the number of shares set forth in Section C to the transferee named in Section 2 on page 2 of this form.
2. You are not responsible for determining the legal or tax consequences of the decision to sell or transfer this investment as requested above.
3. You are not responsible for any payment arrangement between transferor and transferee.

If the current registration is custodial-held, such as an IRA, the form must also be signed by the custodian.

Owner's Signature Date

Custodian or Joint Owner's Signature (if applicable) Date

(Place Medallion Signature Guarantee Stamp here)

(Place Medallion Signature Guarantee Stamp here)

ITEMS 1 THROUGH 8 TO BE COMPLETED BY TRANSFEREE (New Owner)

1. NUMBER OF SHARES TO BE ACQUIRED

A. # of Shares: _____ Primary State of Residence: _____
B. Check this box if transferee is an existing stockholder

2. NEW REGISTRATION NAME

A. Name of Custodian, Trust, Trustee, other Administrator, or Business Entity (if applicable) _____ Date of Organization (if applicable) _____

Name of Transferee, Trustee or Authorized Officer (include Mr., Mrs., Dr., etc.): _____ Date of Birth _____

SS or Tax ID Number _____

Name of Joint Transferee, if applicable (include Mr., Mrs., Dr., etc.): _____ Date of Birth _____

SS or Tax ID Number _____

B. Street Address (No P.O. Box allowed) _____

City _____ State _____ Zip _____

C. Mailing Address (if different from above – P.O. Box allowed) _____

City _____ State _____ Zip _____

D. Email Address _____

E. Home Phone Number _____ Business Phone Number _____ Cell Phone Number _____

F. Please Indicate Citizenship Status

- U.S. Citizen
 Resident Alien – Country of Origin: _____
 Non-resident Alien – Country of Origin: _____

3. TYPE OF OWNERSHIP Select only one in Section A or Section B (on the next page)

A. Non-Custodial Ownership

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Estate – Authorized representative(s) signature(s) required.

Name of Authorized Representative(s)
Include a copy of the court appointment dated within 90 days |
| <input type="checkbox"/> Transfer on Death
Can be chosen in conjunction with Individual or JTWRROS.
Not allowed by all states. Include TOD Form. | <input type="checkbox"/> Trust – provide copies of title and signatures pages of trust agreement |
| <input type="checkbox"/> Joint Tenants/JTWRROS - all parties must sign | <input type="checkbox"/> Pension Plan and Profit Sharing Plan (non-custodian)
Include copy of title and signature pages of the plan, as well as
Trustee information. |
| <input type="checkbox"/> Community Property - all parties must sign | _____
Name of Trustee(s) |
| <input type="checkbox"/> Tenants in Common - all parties must sign | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Corporate Ownership – Authorized signature required.
Include copy of corporate resolution. | |
| <input type="checkbox"/> Partnership or LLC - Authorized signature required.
Include copy of partnership agreement. | |

B. Custodial Ownership – Custodian must complete Section 4 and custodian signature required in Section 8.

- | | |
|--|--|
| <input type="checkbox"/> Traditional / Simple IRA | <input type="checkbox"/> Uniform Gift to Minors Act / Uniform Transfers to Minors Act. |
| <input type="checkbox"/> Roth IRA | Custodian for: _____ |
| <input type="checkbox"/> Keogh Plan | State of: _____ |
| <input type="checkbox"/> Simplified Employee Pension / Trust (SEP) | <input type="checkbox"/> Pension / Profit Sharing Plan / 401k |

4. CUSTODIAN INFORMATION (Required for custodial ownership accounts)

Name of Custodian, Trustee, or Other Administrator

Street Address

City State Zip

Tax I.D. Number Business Phone Number Custodian Account #

5. DISTRIBUTIONS (Cash distributions for custodial accounts will be sent to the Custodian)

- Mail to Residential Address. Listed in section 2(B) OR Mail to Mailing Address. (Listed in section 2(C))
- Distributions Directed to 3rd Party (Please complete information below. For multiple payees, please complete a Distribution Selection or Modification Form.)
- Distributions Sent Via Electronic Deposit (ACH). (Please complete information below. By checking this box and signing in section 8, the investor agrees as follows: AUTOMATED CLEARING HOUSE (ACH): I (we) hereby authorize ACS Securities Services, Inc. and Summit Healthcare REIT, Inc. or its affiliates (hereafter, "you") to deposit distributions from my (our) common stock into the account listed in Section 5 of the Registration Transfer Request. I (we) further authorize you to debit my (our) account noted in Section 5 of the Registration Transfer Request in the event that you erroneously deposit additional funds into my (our) account to which I am (we are) not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I (we) withdraw funds erroneously deposited into my (our) account before you reverse such erroneously deposited amount, I (we) agree that you have the right to retain any future distributions to which I am (we are) entitled until the erroneously deposited amount is recovered by you.
- Checking (for ACH, provide voided check) Savings (for ACH, provide bank verification)

Name of Bank or 3rd Party Individual

Distribution Mailing Address

City State Zip Phone

Transit / ABA Routing Number (9 Digits) Account Number

6. CONSENT TO ELECTRONIC DELIVERY OF DOCUMENTS

- (a) I acknowledge that access to both Internet email and the World Wide Web is required in order to access documents electronically. I may receive by email notification of the availability of a document in electronic format. The notification email may or may not contain the actual document. If not, the notification email will contain a web address (or hyperlink) where the document can be found. By entering this address into my web browser, I can view, download and print the document from my computer.
- (b) I acknowledge documents distributed electronically may be distributed in Adobe's Portable Document Format (PDF). The Adobe Acrobat Reader software is required to view documents in PDF format. The Reader software is available free of charge from Adobe's web site at www.adobe.com. The Reader software must be correctly installed on my system before I will be able to view documents in PDF format.
- (c) I acknowledge that I may receive at no cost from the deliverer(s) a paper copy of any documents delivered electronically if I contact the deliverer by regular mail (2 South Pointe Drive, Suite 100, Lake Forest, CA 92630).
- (d) For the above named issuer, the documents will be maintained for a minimum of 6 months (unless the earlier document is superseded by a subsequent document) and a maximum of 12 months from the date of posting to the web site.
- (e) I understand that I will be provided with a paper copy of any document intended to be delivered electronically, if the deliverer is made aware that electronic delivery has failed.
- (f) I understand that my consent may be revoked or changed, including any change in electronic mail address to which documents are delivered at any time by notifying the deliverer of such revised or revoked consent by regular mail (2 South Pointe Drive, Suite 100, Lake Forest, CA 92630).
- (g) I understand that I am not required to consent to electronic delivery.

Initials Initials I have read and understand this "Consent to Electronic Delivery of Documents" and consent to the electronic delivery of the documents that the deliverer elects to deliver to me electronically, all in accordance with my instructions above or otherwise in writing. This includes documents filed with the Securities and Exchange Commission including but not limited to prospectuses, supplements, 10Ks, 10Qs, 8Ks, and proxy statements as well as press releases, regular distribution reports, 1099's, and other documents provided to the company's stockholders generally.

Initials Initials I DO NOT consent to electronic delivery.

7. REGISTERED REPRESENTATIVE AND BROKER/DEALER

Registered Representative Name Broker/Dealer Name

Address of Registered Representative

City, State and Zip Code of Registered Representative

Phone Number of Registered Representative Email Address of Registered Representative

8. TRANSFEREE SIGNATURES

Please separately initial each of the representations below. In the case of joint investors, each investor must initial. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf. I hereby represent and warrant to you as follows:

Initials Initials A. I have received the Prospectus of Summit Healthcare REIT, Inc.

Initials Initials B. I am a citizen of the United State. OR _____
Initials Initials I am NOT a citizen of the United States.

Initials Initials C. I acknowledge that I will not be admitted as a stockholder if such admission is prohibited by U.S. laws.

Initials Initials D. I acknowledge that the information provided on this Registration Transfer Request may be screened against the U.S. Department of the Treasury's List of Specially Designated Nationals and Blocked Persons. I consent to such screening and understand that the Registration Transfer Request will not be accepted until such screening is completed. I further understand that the Registration Transfer Request may be denied based on such screening.

I declare that the information supplied above is true and correct and may be relied upon by you in connection with my investment in you. Under penalties of perjury, by signing the Registration Transfer Request, I hereby certify that (a) I have provided my correct Taxpayer Identification Number (or I am waiting for a number to be issued), and (b) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding, and (c) I have the authority to execute and deliver this Registration Transfer Request on behalf of the person(s) or entity registered in Section 2 and/or 4 above. NOTE: CLAUSE (b) IN THIS CERTIFICATION SHOULD BE CROSSED OUT IF THE INVESTOR IS SUBJECT TO BACKUP WITHHOLDING. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (Non-U.S. investors will be required to complete the appropriate W-8 series.)

*******EACH SIGNATURE MUST BE SEPARATELY MEDALLION SIGNATURE GUARANTEED*******

By signing below, I/we make the following warranties, representations, and agreements:

1. I/we have read and understand this Registration Transfer Request form and all accompanying instructions, and hereby instruct ACS Securities Services, Inc. and Summit Healthcare REIT, Inc. or its affiliates (hereafter, "you") to transfer the number of shares set forth in Section C to the transferee named in Section 2 on page 2 of this form.
2. You are not responsible for determining the legal or tax consequences of the decision to sell or transfer this investment as requested above.
3. You are not responsible for any payment arrangement between transferor and transferee.

If the new registration will be custodial-held, such as an IRA, the form must also be signed by the new custodian.

Owner's Signature Date _____
Custodian or Joint Owner's Signature (if applicable) Date

(Place Medallion Signature Guarantee Stamp here)

(Place Medallion Signature Guarantee Stamp here)

9. PAYMENT AND MAILING

Please send a check in the amount of \$50.00 made payable to ACS Securities. Please submit a separate Registration Transfer Request Form for each Transferee.

SUBMISSION INSTRUCTIONS

Mail completed form with check made payable to:
Conduent Securities Services, Inc.
12720 Hillcrest Road, Suite 115
Dallas, TX 75230

CONTACT INFORMATION

(888) 522-1771 Phone
(214) 887-7411 Fax

SUPPLEMENTAL DOCUMENTATION

Include documents listed below as appropriate for transfer situation:

Note: For non-custodial transfers please include a signed Form W-9

To or from an IRA or ROTH IRA

Signature of authorized officer at IRA custodian, and copy of the custodian corporate resolution

To or from a Trust

Copy of trust agreement pages (first, last, successor trustee, and signature pages)

To or from a Pension or Profit Sharing Plan

Copy of adoption agreement/bylaws identifying name of trust and signature of trustee(s)

From a UGMA/UTMA

Copy of birth certificate, driver's license or passport when minor is of age and shares are being transferred to beneficiary.

Ownership by Partnership

Copy of Partnership Agreement

Ownership by Corporation

Copy of corporate resolution

Due to Death/Estate

Copy of death certificate

Letters Testamentary. If Letters Testamentary not available, then Affidavit of Domicile will be accepted

Name Change

This form, or a Letter of Instruction – with Medallion Guarantee Stamp

Copy of marriage certificate or court documents (divorce, legal name change, etc.)

Removal of Trustee Due to Death of Trustee

This form, or a Letter of Instruction – with Medallion Guarantee Stamp

Copy of death certificate

Trust document showing that upon death of one trustee, the remaining trustee can act as sole trustee

Establishing a Transfer on Death (TOD) Account

Please use the Transfer on Death form

Transfer on Death (TOD) to Existing Beneficiary

This form, or a Letter of Instruction – with Medallion Guarantee Stamp

Copy of death certificate

IMPORTANT: Please submit all required items together. Incomplete or partial packets will be returned.

PLEASE CALL (888) 522-1771 IF YOU HAVE ANY QUESTIONS.