



SUMMIT HEALTHCARE REIT, INC.

AUTHORIZATION FOR BROKER/DEALER OR REGISTERED REPRESENTATIVE CHANGE

This form may be used by any current investor ("Investor") in Summit Healthcare REIT, Inc. ("the Company") to change the Broker/Dealer and/or Registered Representative listed for the Investor in the records of the Company.

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

COMPLETE APPLICABLE INFORMATION BELOW:

NEW REGISTERED REPRESENTATIVE _____
Name

NEW BROKER/DEALER _____
Name

REGISTERED REPRESENTATIVE ADDRESS AND CONTACT INFORMATION:

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

AUTHORIZATION SIGNATURES:

If the investment is custodial-held, the form must also be signed by the custodian.

Signature of Investor _____ Date _____

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

Signature of Branch Manager/Principal of former
Broker/Dealer (if applicable) _____ Date _____

Printed Name of Branch manager/Principal of former
Broker/Dealer (if applicable) _____