

Summit Healthcare REIT, Inc.

Change of Address Form

Please indicate which address should be changed by checking the box in Section B, C or both (as applicable).

A - STOCKHOLDER INFORMATION - Please print exactly as it appears on the account. Must complete the entire section.

Name of Stockholder(s):

Current Registration Address:

Address

City State Zip

Account # _____

B - RESIDENCE ADDRESS

New Residence Address - please change to:

Address

City State Zip

C - MAILING ADDRESS

New Mailing Address - please change to:

Address

City State Zip

D - SIGNATURE - Must be signed by all stockholders.

Signature - Stockholder

Date

Signature - Co-Stockholder

Date

Printed Name of Stockholder

Printed Name of Co-Stockholder

NOTE: To change the distribution option on your account, please complete the Change of Distribution Election Form.

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

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