

# Summit Healthcare REIT, Inc.

## Request to Change Registered Representative and/or Broker Dealer Form

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**A - CURRENT OWNER INFORMATION** - Please print exactly as it appears on the account.

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Stockholder Name(s):

 Check here if new address.**Old address, if applicable:**

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Address

Address

City

State

Zip

City

State

Zip

Date of Birth (Required)

Telephone Number

SSN or Tax ID (Required)

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**B - NEW REGISTERED REPRESENTATIVE INFORMATION** - Please print clearly.

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Registered Representative Name

Broker Dealer Client Account Number

Broker Dealer Firm Name

Branch Number

Broker Dealer Rep ID # (Required)

Email Address

Mailing Address

City

State

Zip

Telephone Number

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**C - SIGNATURE** - Please sign EXACTLY as your account is registered.

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The undersigned Owner(s) hereby designate(s) the authorized registered representative indicated above as the Owner's authorized representative and disclaims any other person as being such an authorized registered representative.

\*I (We) also understand that this form will not be used to update/change any distribution or registration information. A separate distribution election change form or application for transfer is required.

Signature of Stockholder/Trustee

Date

Signature of Co-Stockholder/Co-Trustee

Date

Summit Healthcare REIT Account Number (Required)

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**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