

# **Computershare**

Computershare PO Box 43007 Providence, RI 02940-3007

Name(s) of Current Investor(s)	Within USA, US territories & Canada: 855-377-0510 Outside USA, US territories & Canada: 781-575-2428  www.computershare.com/inventrustproperties
Address	-
City, State, Zip	_
	Current Computershare Account Number
	С
Application for Transfer for Required Minimum	Distributions (RMD) PLEASE PRINT CLEARLY
1. CURRENT INVESTOR INFORMATION  Daytime Telephone Number of Requestor  Social Security Number (SSN) or Employer Identification Number (do not use SSN	· ,
2. SHARES TO BE TRANSFERRED  A Transfer All Shares  OR	Enter number of whole / fractional shares to transfer, if applicable  B
3. CURRENT CUSTODIAN'S SIGNATURE  This section <u>must be completed properly</u> for your transfer to be executinstructions for section 3.	cuted. Please read  Required ► Medallion Guarantee Stamp Current Custodian (Notary Seal Is Not Acceptable)
The undersigned does (do) hereby irrevocably constitute and app attorney to transfer the said stock, as the case may be, on the books o power of substitution in the premises.	
Important: The signature(s) below on this Transfer Request must name(s) as shown on the stock certificate or Computershare-issued change whatsoever. The below must be signed by the current custodi the guarantor institution to ensure the signer(s) is/are the appropriate account.	statement, <b>without any</b> ian. It is the obligation of
Signature(s) must be stamped with an appropriate Medallion Signatubox provided.	ure Guarantee in the
Signature of Current Custodian / Broker Title of Signer	Date (mm / dd / yyyy)

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4. N	IEW INVESTOR INFORMATION									
	Individual (complete A, B, C, H, I & J)		Estate (complete A, B, C, E,	H, I & J and	Provide Est	ate EIN on	Form W	-9)		
	Joint (complete A, B, C, D, H, I & J)		Trust (complete A, B, C, D, F	F, G, H, I & J)						
	Transfer on Death ("TOD") (complete A, B, C, D, H, I & J)		Other (complete A, B, C, D,	H, I & J)						
NEW	INVESTOR INFORMATION									
Α	New Investor's Existing Computershare Account Number (if applicable and	known)	Social Security N	lumber (SSN)	or Employ	er Identifica	ition Nun	(do not	use hyp	
С	Name (First, MI, Last) - Individual / Entity / Trustee / Executor / Other						=	(check o	ne box a	
J	Date of Birth (of investor entered in item C above) (mm / dd / yyyy)						Ш			
D										
Ε	Name (First, MI, Last) - Joint Investor / Co-Trustee / TOD Beneficiary / Other	er (if appl	icable)					T		
F	Date of Birth (of investor entered in item E above) (mm / dd / yyyy)									
G	Estate Representative Legal Capacity (if applicable)  Executor Administrator		Personal Rep			Conserva	tor			Other
Н	Trust / Estate Name (if applicable)									
	Trust / Estate Name - continued			Date of Tr	rust (mm / d	ld / yyyy) (if	applicat	ole)		
					/		/			
	Street Address / PO Box							Apt. / Un	it Numbe	er
J	Cit.	Ш			State		Zip Code			Ш
K	City				State		ZIP COUE			
	Telephone Number			-						
L										

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### 5. NEW INVESTOR'S FINANCIAL ADVISOR INFORMATION

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the new account. Please note, you must sign in the "NEW BENEFICIAL / UNDERLYING INVESTOR'S SIGNATURE" section below in order to grant consent for your Financial Advisor and your Financial Advisor's Institution to have view-only access to all account information. If this section is left blank, no Financial Advisor will be added to the account.

NCIAL ADVISOR INFORMATION			
Name			
CRD Number Assigned by FINRA	Telephone Number (do not use hyphens)		Ext.
	C		
E-mail Address			
ICIAL ADVISOR'S INSTITUTION INFORMATION			
Financial Institution Name			
CRD Number Assigned by FINRA	Telephone Number (do not use hyphens)		Ext.
CRD Number Assigned by FinRA	G (do not use hypnens)		EXI.
Street Address / PO Box			Apt. / Unit Numbe
av.		21.1	7.01
City		State	Zip Code
BENEFICIAL / UNDERLYING INVESTOR'S SIGN			
	tershare to grant view-only access of all account information to the lene new investor notifies Computershare to revoke such consent.	Financial Advisor and the	Financial Advisor's Institution if p
· ·	•	ate (mm / dd / yyyy)	
Olgitatal of How Bollon	initial years of the second of	/	/
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6.	DISTRIBUTION ELECTION
Α	Select the payment method in which cash distributions are to be sent (choose only one):
_	Electronic Deposit (ACH - complete B through F below)  Broker or Third Party Payment (complete B through E below)
	Mail Check to Address of Record
В	Name of Payee (Bank, Brokerage Firm or Individual)*
С	L Distribution Mailing Address  Apt. / Unit Number
Ū	
D	City State Zip Code
Е	Account Number – account numbers vary in length and must not include check numbers.    Bank Routing Number – this is a nine-digit number.
	Checking Savings Account Account
	* If cash distribution is sent to an individual other than the registered owner, a Medallion Guarantee Stamp is required in the box below.
	NATURE(S)
Sig	nature 1 Date Medallion Guarantee Stamp
	Current Investor(s) or Legal Rep(s) or Custodian (Notary Seal Is Not Acceptable)
Sig	nature 2 Date (Notary Sear is Note Proceptable)
Day	time Telephone Number

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Within USA, US territories & Canada: 855-377-0510 Outside USA, US territories & Canada: 781-575-2428 www.computershare.com/inventrustproperties

Name(s)			_
			_
			_
Address			
City, State, Zip			_

Use black ink. Print in CAPITAL letters inside the grey areas as shown in this example. ABC

# Form W-9 Request for Taxpayer Identification Number and Certification

If this Form W-9 is not completed and returned, your account may be subject to backup withholding at the applicable tax rate on all dividends and sale proceeds.

For joint tenant accounts, the TIN provided must belong to the first owner listed above to avoid backup withholding.

A Taxpayer Identification Number (TIN)
Enter your TIN for the above registered name and address in the appropriate box. For individuals, this is your Social Security number (SSN).
For other entities, it is your Employer Identification Number (EIN). COMPLETE ONLY ONE BOX.

Social Security Number	_	Employer Identification Number
	OR	

R	Federal	Tax	Class	sification	

Check appropriate box (required); check only **ONE** of the following boxes:

Individual/Sole Trust/ Proprietor or Single-C Corporation S Corporation Partnership Estate Member LLC Note: For a single-member LLC that is disregarded, check the appropriate box above for the tax classification of the single-member owner.

# C Exempt Payee Code (if any)

If you are exempt from backup withholding, enter in the Exemptions box, any code that may apply to you. See Exempt payee codes on the back of this form.

### **Limited Liability Company** Other Classification

If you are an LLC or Other Classification, do not complete this form. You must complete an IRS Form W-9. This form can be found on the IRS website at www.irs.gov. See "Limited Liability Company or Other Classification" on the back of this form for more information

Exemption from FATCA reporting code (if any) Not Applicable

(Applies to accounts maintained outside the U.S.

### Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct Taxpayer Identification Number, and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined on reverse).
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (defined on reverse).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

This form must be signed and dated for us to accept as proper certification.

Sign Here	Si
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Signature of U.S. Person - Please keep signature within the box	Date (mm/dd/yyyy)	Daytime Telephone Number
	/ /	

Send form to Computershare. Do not send to the IRS.



### How to complete this form

### **Backup Withholding**

The Internal Revenue Service (IRS) requires us to withhold taxes for the applicable rate of backup withholding for U.S. persons without a W-9 tax certification who are not otherwise exempt. Parties acting as disbursement agents, such as Computershare, must withhold and pay to the IRS the applicable tax rate of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, and royalties. Supplying us with your correct Taxpayer Identification Number (TIN), and signing this form will generally allow you to receive your payments without being subject to backup withholding. Failure to supply your TIN, or supplying us with an incorrect TIN, could result in a \$50.00 penalty being assessed by the IRS.

Receipt of a completed Form W-9 will discontinue backup withholding unless otherwise required.

#### What Name and Number To Give the Requester

	For this type of account:	Give name and SSN of:
1.	Individual	The individual
2.	Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account
3.	Custodian account of a minor (Uniform Gift to Minors Act)	The minor
4.	a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
	b. So-called trust account that is not a legal or valid trust under state law	The actual owner
5.	Sole proprietorship or disregarded entity owned by an individual	The owner
6.	Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor
	For this type of account:	Give name and EIN of:
7.	Disregarded entity not owned by an individual	The owner
8.	A valid trust, estate, or pension trust	Legal entity
9.	Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10	. Association, club, religious, charitable, educational, or other tax- exempt organization	The organization
11.	Partnership or multi-member LLC	The partnership
12	. A broker or registered nominee	The broker or nominee
13	Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14	Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 -- An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 -- The United States or any of its agencies or instrumentalities
- 3 A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4 -- A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 A corporation
- 6 A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 A real estate investment trust
- $9\,-\,$  An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 A common trust fund operated by a bank under section 584(a)
- 11 -- A financial institution
- 12 A middleman known in the investment community as a nominee or custodian
- 13 A trust exempt from tax under section 664 or described in section 4947

### **Limited Liability Company or Other Classification**

If you are a Limited Liability Company or Other entity, complete an IRS Form W-9 found on the IRS website <a href="www.irs.gov">www.irs.gov</a>. Be sure to include the information required in the IRS instructions for a Limited Liability Company (LLC) or for Other entities on page 2. Return the completed form to the address below.

**Definition of a U.S. Person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations Section 301.7701-7).

**Exemption from FATCA reporting:** If you are submitting this form for an account that is maintained in the United States, you are exempt from FATCA reporting.