

Computershare
PO Box 505013
Louisville, KY 40233-5013
Toll Free Number: 866-902-0063
www.computershare.com/AFIN

Name of Current Account Holder

Address

City, State, Zip

Current Computershare Account Number

C _____

Company Name: American Finance Trust

Alternative Investment Product Transfer Request — See enclosed instructions PLEASE PRINT CLEARLY

1. CURRENT INVESTOR INFORMATION

Daytime Telephone Number of Requestor

2. SHARES TO BE TRANSFERRED

A ☐ **Transfer All Shares**
(If this box is checked, skip to section 3.)

OR

B ☐ Transfer Shares As Instructed Below
(If this box is checked, complete C below and either D or E.)

Transfer Shares As Instructed Below

(If this box is checked, complete C below and either D or E.)

Share Description (i.e., Common, Preferred, Series A, etc.)

[illegible]

Transfer All

D

OR

Enter number of whole / fractional shares to transfer, if applicable

Three empty 10-frame grids, each consisting of two rows of five squares. A vertical line separates the first five squares from the last five squares in each row. A small dot is placed in the center of the vertical line in each grid.

3. CURRENT INVESTOR'S AUTHORIZED SIGNATURES

This section must be completed properly for your transfer to be executed. Please read instructions for section 3.

The undersigned does (do) hereby irrevocably constitute and appoint Computershare as attorney to transfer the said stock, as the case may be, on the books of said Company, with full power of substitution in the premises.

Important: The signature(s) below on this Transfer Request must match **exactly** with the name(s) as shown on the stock certificate or Computershare-issued statement, **without any change whatsoever**. The below must be signed by all current registered investors, current custodian, or legally authorized representative with indication of his or her capacity next to the signature. It is the obligation of the guarantor institution to ensure the signer(s) is/are the appropriate person(s) to sign for the account.

Signature(s) must be stamped with an appropriate Medallion Signature Guarantee in the box provided.

Signature of All Current Investor(s) or Legal Representative(s) or Custodian / Broker

Date (mm / dd / yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

4. PURPOSE OF TRANSFER / COST BASIS DATA

Please check off the applicable purpose of the transfer for shares acquired after 12/31/10. If this section is not fully completed, all transfers will be treated as Gifts, unless we receive documentation that this is a decedent transfer (i.e., Affidavit of Domicile), in which case the transfer will be treated as an Inheritance. If a date is not provided below, we will default to the effective date of the transfer. We recommend that you consult with your tax advisor regarding the tax implications for each type of transfer. **Please check ONLY ONE box.** If you check more than one box, your transfer will be treated as if you had not made any selection. Please see How to Complete the Transfer Request Form for further details.

<input type="checkbox"/> Private Sale	Date of Sale:	<input type="text"/>	Cost Per Share:	<input type="text"/>	US Dollars
<input type="checkbox"/> Secondary Market/ Third Party Transaction	Date of Sale:	<input type="text"/>	Cost Per Share:	<input type="text"/>	US Dollars
<input type="checkbox"/> Gift	Date of Gift:	<input type="text"/>			
<input type="checkbox"/> Inheritance	Date of Death:	<input type="text"/>	Value Per Share:	<input type="text"/>	US Dollars
<input type="checkbox"/> No Change of Ownership (Specify)					

5. NEW INVESTOR / RECIPIENT ACCOUNT TYPE

Mark only one box with an "X" and complete items indicated below.

A <input type="checkbox"/>	CUSTODIAL / BROKER CONTROLLED For accounts managed by a broker or custodian including non-qualified broker controlled accounts and qualified IRA accounts, complete the following sections: Section 6 New Investor Information (Custodial / Broker Controlled) Section 7 New Custodian / Broker's Signature (Custodial / Broker Controlled) Section 9 New Investor's Financial Advisor Information Form W-9 at the end of this package <i>Note: The above sections are shaded with a gray background for easy identification (except for the Form W-9 at the end of this package).</i>	B <input type="checkbox"/>	NON-CUSTODIAL / NOT BROKER CONTROLLED If the account is NOT managed by a broker or custodian and you are managing your account as an individual investor, complete the following sections: Section 8 New Investor Information (Non-Custodial / Not Broker Controlled) Section 9 New Investor's Financial Advisor Information (if applicable) Form W-9 at the end of this package
-----------------------------------	---	-----------------------------------	--

6. NEW INVESTOR INFORMATION (CUSTODIAL / BROKER CONTROLLED)

A <input type="text"/>	B <input type="text"/>
Existing Computershare Account Number (If applicable and known)	
Custodian / Broker's Taxpayer Identification Number (TIN)	
C <input type="text"/>	
New Custodian / Broker's Name	
D <input type="text"/>	
Street Address / PO Box	
Apt. / Unit Number	
E <input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	Zip Code

NEW QUALIFIED CUSTODIAL ACCOUNT TYPE (EXAMPLE OF QUALIFIED ACCOUNT TYPE: CUSTODIAN NAME FBO INVESTOR NAME IRA)

F <input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Education IRA
<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Other (Specify):	<input type="text"/>		

NEW NON-QUALIFIED BROKER-CONTROLLED ACCOUNT TYPE (EXAMPLE OF NON-QUALIFIED ACCOUNT TYPE: CUSTODIAN NAME FBO INVESTOR NAME)

G <input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> Transfer on Death (TOD)	<input type="checkbox"/> Other (Specify):	<input type="text"/>	



NEW BENEFICIAL / UNDERLYING INVESTOR INFORMATION

Please provide the following information for the beneficial or underlying investor for whom the Custodian / Broker will hold the shares being transferred.

H Social Security Number (SSN) or Employer Identification Number (EIN) <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> (do not use hyphens) </div> <div style="display: flex; justify-content: space-around;"> SSN <input style="width: 20px; height: 20px;" type="text"/> EIN <input style="width: 20px; height: 20px;" type="text"/> </div> <p style="text-align: center; font-size: small;">(check one box above)</p>	I ID / Account Number at Custodian / Broker <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>	
J Name (First, MI, Last) - Individual / Entity / Trustee / Executor / Other <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>		
K Name (First, MI, Last) - Joint Investor / Co-Trustee / TOD Beneficiary / Other (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>		
L Estate Representative Legal Capacity (if applicable) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 40px; height: 40px;" type="checkbox"/> Executor </div> <div style="text-align: center;"> <input style="width: 40px; height: 40px;" type="checkbox"/> Administrator </div> <div style="text-align: center;"> <input style="width: 40px; height: 40px;" type="checkbox"/> Personal Rep </div> <div style="text-align: center;"> <input style="width: 40px; height: 40px;" type="checkbox"/> Conservator </div> <div style="text-align: center;"> <input style="width: 40px; height: 40px;" type="checkbox"/> Other </div> </div>		
M Trust / Estate Name (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>		
N Trust / Estate Name - <i>continued</i> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>		Date of Trust (mm / dd / yyyy) (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>
O Street Address / PO Box <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>		Apt. / Unit Number <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>
P City <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>		State <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>
Q Telephone Number <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>		Zip Code <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div>

7. NEW CUSTODIAN / BROKER'S SIGNATURE (CUSTODIAL / BROKER CONTROLLED)

Important: Signature(s) must be stamped with a Medallion Signature Guarantee from the new Custodian / Broker provided in section 6, Item C. A notary seal is not acceptable.

	Required ► Medallion Guarantee Stamp New Custodian (Notary Seal Is <u>Not</u> Acceptable)	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
Date (mm / dd / yyyy)		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

8. NEW INVESTOR INFORMATION (NON-CUSTODIAL / NOT BROKER CONTROLLED)

Please complete section for each new investor. Use additional pages as necessary. This section is for non-custodial and non-broker controlled accounts only. If the new account is custodial or broker controlled, do not complete this section and refer to Section 5.

- ☐ **Individual** (complete A, B, C, H, I & J)
 ☐ **Estate** (complete A, B, C, E, H, I & J and Provide Estate EIN on Form W-9)
- ☐ **Joint** (complete A, B, C, D, H, I & J)
 ☐ **Trust** (complete A, B, C, D, 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

A

New Investor's Existing Computershare Account Number (if applicable and known)

B

Social Security Number (SSN) or Employer Identification Number (EIN)
(do not use hyphens)

SSN

EIN

(check one box above)

C

Name (First, MI, Last) - Individual / Entity / Trustee / Executor / Other

D

Name (First, MI, Last) - Joint Investor / Co-Trustee / TOD Beneficiary / Other (if applicable)

E

Estate Representative Legal Capacity (if applicable)

☐

Executor

☐

Administrator

☐

Personal Rep

☐

Conservator

☐

Other

F

Trust / Estate Name (if applicable)

G

Trust / Estate Name - continued

Date of Trust (mm / dd / yyyy) (if applicable)

H

Street Address / PO Box

Apt. / Unit Number

I

City

State

Zip Code

J

Telephone Number

9. 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.

FINANCIAL ADVISOR INFORMATION

A	Name																													
	CRD Number Assigned by FINRA		C	Telephone Number (do not use hyphens)														Ext.												
B																														
D	E-mail Address																													

FINANCIAL ADVISOR'S INSTITUTION INFORMATION

E	Financial Institution Name																													
	CRD Number Assigned by FINRA		G	Telephone Number (do not use hyphens)														Ext.												
F																														
H	Street Address / PO Box																													
I	City																		State		Zip Code									

NEW BENEFICIAL / UNDERLYING INVESTOR'S SIGNATURE

By signing below, the new investor gives consent to Computershare to grant view-only access of all account information to the Financial Advisor and the Financial Advisor's Institution if provided in section 9 above. Such consent will remain in place until the new investor notifies Computershare to revoke such consent.

Signature of New Beneficial / Underlying Investor		Date (mm / dd / yyyy)	

Please mail the completed form along with all applicable required documents:

Regular mail:
Computershare
PO Box 505013
Louisville, KY 40233-5013

Overnight/certified/registered delivery:
Computershare
462 South 4th Street, Suite 1600
Louisville, KY 40202

Name _____
Address _____
City, State, Zip _____

Holder Account Number _____

Company Name: American Finance Trust

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

A B C

1 2 3

X

Form W-9 Request for Taxpayer Identification Number and Certification

Dear Shareholder:

Our records indicate that your U.S. Social Security Number or Employer Identification Number is not certified. 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

--	--	--	--	--	--	--	--	--	--

OR

Employer Identification Number

--	--	--	--	--	--	--	--	--	--

B Federal Tax Classification

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

<input type="checkbox"/> Individual/Sole Proprietor or Single-Member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/Estate
--	--	--	--------------------------------------	---------------------------------------

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 or 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.)

D Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number, and
- 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
- I am a U.S. citizen or other U.S. person (defined on reverse).
- 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

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) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee 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 www.irs.gov. 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.

DID YOU KNOW?

You can certify your account online by visiting us at the website on the reverse side of this form. While online, join the thousands of shareholders that have signed up for electronic delivery!