



HEALTHCARE TRUST INC



Computershare Trust Company, N.A.

PO Box 43007

Providence, RI 02940-3007

Within USA, US territories & Canada: 888-796-2490

Outside USA, US territories & Canada: 781-575-2428

www.computershare.com/HTI

Name

Address

City, State, Zip

Computershare Account Number

C

Change of Distribution Election Form

PLEASE PRINT CLEARLY

1 Select the payment method in which cash distributions are to be sent (choose only one):

Electronic Deposit (ACH - complete 2 through 6 below)

Broker or Third Party Payment (complete 2 through 5 below)

Mail Check to Address of Record

2 Name of Payee (Bank, Brokerage Firm or Individual)*

3 Distribution Mailing Address

Apt. / Unit Number

4 City

State

Zip Code

5 Account Number - account numbers vary in length and must not include check numbers.

6 Bank Routing Number - this is a nine-digit number.

Checking Account

Savings Account

*If cash distribution is sent to an individual other than the registered owner, a Medallion Guarantee Stamp is required in the box below.

SIGNATURE(S)

Signature 1

Date

Signature 2

Date

Custodian Signature (Medallion Guarantee required) * Date

Daytime Telephone Number

Medallion Guarantee Stamp

Current Investor(s) or Legal Rep(s) or Custodian (Notary Seal Is Not Acceptable)

Change of Distribution Election Form (continued)

Mail completed form to:

Regular Mail

Computershare
PO Box 43007
Providence, RI 02940-3007

Overnight Delivery

Computershare
150 Royall Street - Suite 101
Canton, MA 02021