

Name _____

Address _____

City, State, Zip _____

Computershare Account Number

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Distribution Reinvestment Plan Form

PLEASE PRINT CLEARLY

1
 BEGIN participation in the Distribution Reinvestment Plan:
 I hereby direct that future cash distributions be used to purchase additional shares in InvenTrust Properties Corp. through the Distribution Reinvestment Plan, as stated in the Amended and Restated Plan.

 TERMINATE participation in the Distribution Reinvestment Plan.
 (Choose one option below.)

- Electronic Deposit (ACH - complete 2 through 6 below)
- Mail Check to Address of Record
- Broker or Third Party Payment (complete 2 through 5 below)

2

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

3

Distribution Mailing Address

Apt. / Unit Number

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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.

7
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)

Distribution Reinvestment Plan Form (continued)

Mail completed form to:

Regular Mail

Computershare
PO Box 505013
Louisville, KY 40233-5013

Overnight Delivery

Computershare
462 South 4th Street, Suite 1600
Louisville, KY 40202