



HEALTHCARE TRUST INC

Computershare
 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/advisorportal
 advisorportalsupport@computershare.com

Name _____

Address _____

City, State, Zip _____

Computershare Account Number

C

Financial Advisor / Financial Institution Account Maintenance Form

PLEASE PRINT CLEARLY

1. INVESTOR INFORMATION

Provide the Account Name or Registration exactly as it appears on the account, including ALL names / entities listed on the account:

A

Current Street Address / PO Box Apt. / Unit Number

B

City State Zip Code

C

Daytime Telephone Number

D

Social Security Number (SSN) or Employer Identification Number (EIN)

E *(do not use hyphens)*
 SSN EIN

F Check here if you wish to update the current address.

New Address, if applicable: If you checked the box for Item F above, please provide the **new address**.

New Street Address / PO Box Apt. / Unit Number

G

City State Zip Code

H

2. 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 account. Please note, the investor must sign in the "Investor's Signature" section (section 3) in order to grant consent for the investor's Financial Advisor and Financial Advisor's Institution to have view-only access to all account information. If any part of this section is left blank, no Financial Advisor will be added to the account and the financial advisor will not have access to the Advisor Portal.

FINANCIAL ADVISOR INFORMATION

Name

A

CRD Number Assigned by FINRA **B** Telephone Number (do not use hyphens) **C** Ext.

E-mail Address (This email address will be used as the login username on Computershare's advisor portal)

D

FINANCIAL ADVISOR'S INSTITUTION INFORMATION

Financial Institution Name

G

CRD Number Assigned by FINRA **H** Telephone Number (do not use hyphens) **I** Ext.

Street Address / PO Box **E** Apt. / Unit Number

City **K** State Zip Code

3. INVESTOR'S SIGNATURE

By signing below, the investor(s) 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 2 above. Such consent will remain in place until the investor notifies Computershare to revoke such consent.

Signature 1 Signature 2 (if applicable) Date (mm / dd / yyyy)

Mail completed form to:

Regular Mail	Overnight Delivery
Computershare	Computershare
PO Box 43007	150 Royall Street - Suite 101
Providence, RI 02940-3007	Canton, MA 02021

For additional inquiries, please e-mail us at advisorportalsupport@computershare.com.