

# Summit Healthcare REIT, Inc.

## Application For Transfer for Required Minimum Distributions (RMD)

**IMPORTANT:** Please review the Transfer Instructions prior to completing this form.

**A - CURRENT ACCOUNT INFORMATION** - Please print exactly as it appears on the account.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security/Tax ID# \_\_\_\_\_ Summit Healthcare REIT Account # \_\_\_\_\_  All or \_\_\_\_\_ # of Shares to be Transferred

**B - CURRENT CUSTODIAN SIGNATURE** - Must be signed by current custodian.

\_\_\_\_\_  
Signature - Custodian

Date

\_\_\_\_\_  
Title of Signer

Medallion Signature Guarantee  
REQUIRED

All signatures must be medallion signature guaranteed

**C - NEW ACCOUNT INFORMATION** - Please provide all requested information.

Type of Ownership - Please mark one section only.  Individual  JTWROS  Trust  Other \_\_\_\_\_

Mr. Mrs. Ms.

\_\_\_\_\_  
Stockholder/Trustee - First Name and Last Name Date of Birth - MM/DD/YYYY

Mr. Mrs. Ms.

\_\_\_\_\_  
Co-Stockholder/Trustee - First Name and Last Name Date of Birth - MM/DD/YYYY

If Trust/Pension/PSP or Other, Please Provide Complete Title \_\_\_\_\_  
Date of Trust/Pension/PSP/Other MM/DD/YYYY

Residence Address - No P.O. Boxes - Required by Law

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Mailing Address - P.O. Boxes are Acceptable

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

**MAIL COMPLETED FORM TO:**

**Regular Mail:**

Summit Healthcare REIT, Inc.  
c/o Computershare  
P.O. Box 43007  
Providence, RI 02940-3007

**Overnight Delivery:**

Summit Healthcare REIT, Inc.  
c/o Computershare  
150 Royall Street - Suite 101  
Canton, MA 02021

**Questions:**

Summit Healthcare REIT Investor  
Services  
1-888-522-1771

**D - SUBSTITUTE W-9 FORM** - Must be signed and completed by party under which tax information is to be reported or taxes will be withheld from distributions. Tax information may only be reported under one tax ID or social security number.

THE UNDERSIGNED CERTIFIES, under penalties of perjury (i) that the taxpayer identification number shown below is true, correct and complete, and (ii) that I am (we are) not subject to backup withholding either because I (we) have not been notified that I am (we are) subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

Social Security/Tax ID # \_\_\_\_\_

Signature - Stockholder

Date

**E - DISTRIBUTION OPTIONS** - To be signed and completed by new registered owner(s). Please mark one selection only. **If a distribution option is not selected, cash distributions will be sent to the address of record.**

Mail Check to Address of Record

Send Distribution to a Third Party or via ACH: (complete #1 through #4 below)

Via Electronic Deposit (ACH) (complete #1 through #5 below and attach a voided check)

Please check type of account  Checking  Savings

1. Name of Bank, Brokerage Firm or Individual\* \_\_\_\_\_

2. Distribution Mailing Address \_\_\_\_\_

3. City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

4. Account # (if applicable) \_\_\_\_\_  
A voided check must be submitted for distributions via ACH or your request will not be processed.

5. Bank Routing # (For ACH Only) \_\_\_\_\_

Signature - Stockholder

Date

Signature - Co-Stockholder

Date

Medallion Signature Guarantee  
REQUIRED

All signatures must be medallion signature guaranteed

\* If cash distribution is sent to an individual other than the registered owner, the stockholder's signature(s) must be medallion guaranteed.

**F - BROKER DEALER - REGISTERED REPRESENTATIVE INFORMATION** - Must complete entire section.

Registered Representative Name \_\_\_\_\_

Broker Dealer Rep ID # (Required) \_\_\_\_\_ Registered Representative Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered Representative E-mail \_\_\_\_\_

Broker Dealer Name \_\_\_\_\_

Branch# \_\_\_\_\_ Broker Dealer Client Account # \_\_\_\_\_

Registered Investment Advisor (RIA)