



**Return to:**  
 CNL Client Services  
 PO Box 219001  
 Kansas City, MO 64121-9001

**Overnight Delivery**  
 CNL Client Services  
 801 Pennsylvania Avenue, Ste. 219001  
 Kansas City, MO 64105-1307

**CNL Client Services**  
 Toll-Free 866 650-0650  
 Fax 877 694-1116  
 Email CNLREIT@sscinc.com

## Investor Change Form

### Instructions

All pages must be completed for instructions to be acceptable and valid.

This form must be received 30 days prior to the next distribution payable date.

**Sections 1 and 8 must be completed for all requested changes.**

**To obtain additional forms:**

Investors should contact their financial professional.

Financial Professionals may access forms online at [www.cnlsecurities.com](http://www.cnlsecurities.com).

**Please contact your custodian for the following changes on qualified accounts:**

Change of custodian for a qualified account, such as an IRA.

Change of distribution destination, such as a custodian account number change.

**This form may be used to make the following changes:**

- Section 2: Change or correction of address of record
- Section 3: Add an alternate address where duplicate distribution statements may be sent
- Section 4: Change the Cost Basis method of computation for covered shares
- Section 5: Change Distribution instructions for non-qualified accounts  
Change of Distributions for qualified accounts such as an IRA, please contact your custodian
- Section 5: Terminate participation in the Distribution Reinvestment Plan (qualified and non-qualified accounts)  
Distributions for qualified and brokerage accounts will be sent to the custodian
- Section 6: Add or change a Power of Attorney
- Section 6: Add or change Trustee for a Trust or Perpetual Entity (e.g. Corporation, Pension or Profit Sharing Plan) **Note:** only if the Trust name and/or SSN/TIN are *not* changing; **must be signed by investor(s)**
- Section 6: Change name due to divorce or marriage; **must be signed by investor(s)**
- Section 7: Change Financial Professional; **must be signed by investor(s)**

**Forms required to make the following changes:**

- Change of Ownership or Change of SSN/TIN: Transfer forms for applicable product(s)
- ReSale (trade of shares where money is exchanged): Secondary Sale Transfer forms for applicable product(s)
- Beneficiary Designation: Transfer on Death form (Individual and Joint Tenant WROS accounts only)
- Participate in Dividend Reinvestment: Dividend Reinvestment Plan form (qualified and non-qualified accounts)
- Redemption Request: Redemption form for applicable product(s)
- Change in Redemption Request: Redemption Change form for applicable product(s)



**Return to:**  
 CNL Client Services  
 PO Box 219001  
 Kansas City, MO 64121-9001

**Overnight Delivery**  
 CNL Client Services  
 801 Pennsylvanie Ave., Ste. 219001  
 Kansas City, MO 64105-1307

**CNL Client Services**  
 Toll-Free 866 650-0650  
 Fax 877 694-1116  
 Email CNLREIT@sscinc.com

## Investor Change Form

one	Registration Name(s) on Account	
<b>Required For All Changes.</b>  Please type or use BLOCK letters.  Locator I.D. may be found on distribution statement.	Investor Name/Trustee	Social Security Number/TIN
	Co-Investor Name/Trustee <i>(if applicable)</i>	Social Security Number/TIN
	Locator I.D. <i>(optional)</i>	
<input type="checkbox"/> Check if changes for multiple Social Security Number/TIN		

two	Address of Record Change		
Mailing Address			
City		State	Zip Code
Phone Number		Fax	
Email			

three	Alternate Address
Direct the following to this address in addition to the address of record.	<input type="checkbox"/> Mail duplicate distribution statements to the alternate address indicated below
Name	
Mailing Address	
City	
State	
Zip Code	
Phone Number	
Fax	
Email	

four	Cost Basis Method of Computation
Select one.	<p>The issuer has elected the first-in, first-out (FIFO) method as the default for calculating cost basis for covered shares. This method will determine the gain or loss on the sale as well as the cost basis for the shares as defined in the product's offering documents. This does not include CNL Strategic Capital.</p> <p> <input type="checkbox"/> First-in, First-out (FIFO)      <input type="checkbox"/> Last-in, First-out (LIFO)  <input type="checkbox"/> Average Cost                      <input type="checkbox"/> Specific Share Identification (SSI)           </p>



**Return to:**  
 CNL Client Services  
 PO Box 219001  
 Kansas City, MO 64121-9001

**Overnight Delivery**  
 CNL Client Services  
 801 Pennsylvania Ave., Ste. 219001  
 Kansas City, MO 64105-1307

**CNL Client Services**  
 Toll-Free 866 650-0650  
 Fax 877 694-1116  
 Email CNLREIT@sscinc.com

## Investor Change Form

### five Change of Distribution Instructions

To participate in the Distribution Reinvestment Plan, contact CNL Client Services.

A **Medallion Signature Guarantee Stamp** is required in section 8 when adding or making a change to banking instructions.

Complete for electronic deposit of distributions.

\*Attach a **voided check** or instructions from your Financial Institution. (A Deposit Ticket does not contain the required ACH information).

- Terminate** participation in the Distribution Reinvestment Plan.
- Mail check** to the address of record.  
(Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.)

**Mail check to Brokerage Account or Other:**

Name of Financial Institution		
FBO	Account Number	
Mailing Address		
City	State	Zipcode

- Electronically deposit\*** distributions to the account indicated below:  
 Checking  Savings  Other

Name of Financial Institution	
ABA Routing Number	Account Number

DST Systems, Inc. or its named agent (hereinafter referred to as "DST") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

### six Change of Power of Attorney/Trustee/Name

**Important Notice:** Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Please remember to make changes to Address, Distribution Instructions or Financial Professional, if applicable.

Add or Change Power of Attorney to:
Add or Change Trustee Name to; <b>must be signed by investor(s):</b>
Change Name to; <b>must be signed by investor(s):</b>



**Return to:**  
 CNL Client Services  
 PO Box 219001  
 Kansas City, MO 64121-9001

**Overnight Delivery**  
 CNL Client Services  
 801 Pennsylvania Ave., Ste. 219001  
 Kansas City, MO 64105-1307

**CNL Client Services**  
 Toll-Free 866 650-0650  
 Fax 877 694-1116  
 Email CNLREIT@sscinc.com

## Investor Change Form

seven	Change of Financial Professional or Investor Representative		
<p><b>Must be authorized by signature of the investor(s).</b></p> <p>Please remember to make changes to Distributions, Section 5 if applicable.</p>	New Broker-Dealer or Financial Institution Name		
	New Financial Professional/Investor Representative Name(s)		Financial Professional/Team Number
	Mailing Address		
	City	State	Zip Code
	Phone Number	Fax	
	Email		

eight	Required Signatures
<p><b>Select One.</b></p> <p>Sections 5, 6 and 7 must be authorized with the signatures of the investor(s) <b>and</b> the custodian.</p>	<input type="checkbox"/> I/we authorize information to be changed on <b>all</b> investments recorded under the above-referenced SSN/TIN
	<input type="checkbox"/> I/we authorize information to be changed on <b>only the following:</b> <i>registration, ownership type and/or product name</i>
	Product Name

Financial Professional/Investor Representative signature indicates representation that he/she is authorized to make changes on behalf of the investor(s). This does **not** include sections 5, 6 and 7.

**Required Signatures – All Investors or Authorized Representative(s) and custodian, if applicable**

Signature of Investor/Trustee	Date
Signature of Co-Investor/Trustee - OR - Custodian	Date
Signature of Financial Professional/Investor Representative	Date

**Medallion Signature Guarantee Stamp is required** for the custodian when adding or making a change to banking instructions.

Medallion Signature Guarantee Stamp