



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.

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) |



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Investor Change Form

one	Registration Name(s) on Account	
Required For All Changes. 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>	

☐ 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.	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.	
	<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)



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Investor Change Form

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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.

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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; **must be signed by investor(s):**

Change Name to; **must be signed by investor(s):**



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Investor Change Form

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Change of Financial Professional or Investor Representative

Must be authorized by signature of the investor(s).

Please remember to make changes to Distributions, Section 5 if applicable.

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

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Required Signatures

Select One.

Sections 5, 6 and 7 must be authorized with the signatures of the investor(s) **and** the custodian.

☐ I/we authorize information to be changed on **all** investments recorded under the above-referenced SSN/TIN

☐ I/we authorize information to be changed on **only the following:** *registration, ownership type and/or product name*

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 **and** for the investor(s) when adding or making a change to banking instructions.

Medallion Signature Guarantee Stamp