

INSTRUCTIONS

NOTICE TO INVESTORS

The following contains detailed instructions on how an Investor in one of Griffin Capital's funds completes and submits a Contact Information Change Form, permitting a change of address, email address, phone number, and/or other contact information on the Investor's account.

INSTRUCTIONS FOR INVESTORS

For an Investor to update their account information, all applicable Investor information must be completed, dated, and executed below. Electronic signatures (**with an accompanying certificate of authenticity**), photocopy, facsimile, and wet signatures are acceptable forms of execution. Please note that all Investor ownership information and signatures must be consistent with the current account records. Once completed, Investors must provide the Contact Information Change Form and any accompanying documents to Griffin Capital using one of the methods below. For custodial held accounts, Investors must provide the Contact Information Change Form and any accompanying documents to its custodian for review, approval and submittal to Griffin Capital.

DOCUMENT SUBMISSION

Once the form has been fully completed and executed by all parties, the form should be returned using one of the following methods:

- eFax to Griffin Capital Investor Relations at (310) 526-0159
- Email to Griffin Capital's Investor Relations Team at InvestorRelations@griffincapital.com
- Mail directly to Griffin Capital, Attention: Investor Relations, 266 Kansas Street, El Segundo, CA 90245
- To request a secure link to upload, please email InvestorRelations@griffincapital.com

CHANGE OF CONTACT INFORMATION

Fund Name (Please list all that apply): _____

Name of Investor: _____

OWNER / AUTHORIZED SIGNER #1

To update the contact information for Owner / Authorized Signer #1, please complete the following information:

Salutation: Mr. Mrs. Ms. Prefer Not to Say Other (Please Specify): _____

Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Phone No.: _____

E-mail Address: _____

Country of Residence: _____

OWNER / AUTHORIZED SIGNER #2

To update the contact information for Owner / Authorized Signer #2, please complete the following information:

Salutation: Mr. Mrs. Ms. Prefer Not to Say Other (Please Specify): _____

Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Phone No.: _____

E-mail Address: _____

Country of Residence: _____

OWNER / AUTHORIZED SIGNER #3

To update the contact information for Owner / Authorized Signer #3, please complete the following information:

Salutation: Mr. Mrs. Ms. Prefer Not to Say Other (Please Specify): _____

Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Phone No.: _____

E-mail Address: _____

Country of Residence: _____

OWNER / AUTHORIZED SIGNER #4

To update the contact information for Owner / Authorized Signer #4, please complete the following information:

Salutation: Mr. Mrs. Ms. Prefer Not to Say Other (Please Specify): _____

Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Phone No.: _____

E-mail Address: _____

Country of Residence: _____

INTERESTED PARTY(IES), IF APPLICABLE

Interested party(ies) will be given access to the Fund’s Investor Portal. To change or add interested party(ies) on the account, please complete the following information:

Name: _____

E-mail Address: _____

Name: _____

E-mail Address: _____

SIGNATURES & CERTIFICATION

By signing below, the Investor(s) is/are authorizing the above referenced changes to their account. The below must match exactly as the name(s) appear(s) in the Subscription Document. All registered owners must sign. This authorization form is subject to the acceptance of the above referenced investment(s).

ON BEHALF OF OR BY INDIVIDUAL INVESTOR(S):

Signature Owner #1

Signature Owner #2

Please Print Name

Please Print Name

Signature Owner #3

Signature Owner #4

Please Print Name

Please Print Name

ON BEHALF OF OR BY TRUST OR OTHER ENTITY INVESTORS:

Name of Trust/Entity: _____

Signature of Authorized Signer #1

Signature of Authorized Signer #2

Please Print Name/Title

Please Print Name/Title

Signature of Authorized Signer #3

Signature of Authorized Signer #4

Please Print Name/Title

Please Print Name/Title

CUSTODIAN CERTIFICATION

REQUIRED FOR CUSTODIAN HELD INVESTORS ONLY

For custodial ownership accounts, the Investor's Contact Information Change Form must be fully completed, dated, executed, and sent to the custodian for review and certification.

To approve the foregoing information, please fully complete, sign and certify via medallion guarantee the following:

Name of Custodian: _____

Name of Investor: _____

Custodian Account #: _____

Name of Custodian Administrator: _____

Custodian Signature

Date

Medallion Guarantee (Required):

PAPERWORK SUBMITTAL

Once the form has been fully completed and executed by all parties, the form should be returned using one of the following methods:

- eFax to Griffin Capital Investor Relations at (310) 526-0159
- Email to Griffin Capital's Investor Relations Team at InvestorRelations@griffincapital.com
- Mail directly to Griffin Capital, Attention: Investor Relations, 266 Kansas Street, El Segundo, CA 90245
- To request a secure link to upload, please email InvestorRelations@griffincapital.com