INSTRUCTIONS

NOTICE TO INVESTORS

The following contains detailed instructions on how an Investor in one of Griffin Capital's funds completes and submits a Financial Professional Update Form, permitting a change of Registered Representative/Registered Investment Advisor ("Financial Professional") and/or Broker Dealer ("BD")/Registered Investment Advisor ("RIA") Firm, as well as a change in distribution instructions, as applicable, 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 Financial Professional Update Form and any accompanying documents to Griffin Capital using one of the methods below. For custodian held accounts, Investors must provide the Financial Professional Update 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

INVESTOR INFORMATION

Fund Name (Please list all that apply): ____

____

Name of Investor: ____

OWNER / AUTHORIZED SIGNER #1

Please provide the following information for Owner / Authorized Signer #1:

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

Name: ____

OWNER / AUTHORIZED SIGNER #2

Please provide the following information for Owner / Authorized Signer #2:

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

Name: ____

OWNER / AUTHORIZED SIGNER #3

Please provide the following information for Owner / Authorized Signer #3:

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

Name: ____

OWNER / AUTHORIZED SIGNER #4

Please provide the following information for Owner / Authorized Signer #4:

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

Name: ____

CHANGE OF FINANCIAL PROFESSIONAL AND/OR BROKER DEALER

To update an Investor's Financial Professional and/or Broker Dealer/Registered Investment Advisor Firm of record, please complete the following information.

New Broker Dealer or RIA Firm Name: ______________________________

New Financial Professional Name: ______________________________

Financial Professional ID / CRD #: ______________________________

Branch Address: ______________________________

City / State / Zip: ______________________________

Phone Number: ______________________________

Fax Number: ______________________________

Email Address: ______________________________

Financial Professional Signature: ______________________________

Date: ______________________________

Printed Name: ______________________________

Home Office Principal Signature: ______________________________

Date: ______________________________

Printed Name: ______________________________

BD or RIA Name: ______________________________

CHANGE OF DISTRIBUTION INSTRUCTIONS

To update an Investor's distribution instructions, please complete the following information in its entirety:

CUSTODIAL-HELD ACCOUNTS

☐ Via Wire to Custodian (Required for Custodial-Held Accounts)

Name of Custodian: ______________________________

Account Number: ______________________________

DIRECTLY-HELD ACCOUNTS

☐ Electronic Deposit/ACH (Checking or Savings Accounts Only)

Please include a **voided check**.

Name of Bank: ______________________________

Account Name: ______________________________

Account Number: ______________________________

Bank ABA/Routing Number: ______________________________

For Further Credit (If Applicable): ______________________________

Account Type: ☐ Checking ☐ Savings

☐ Via Wire to Brokerage Account

Brokerage Firm: ______________________________

Account Name: ______________________________

Account Number: ______________________________

Routing Number: ______________________________

For Further Credit: ______________________________

☐ Via Check to Mailing Address

Made Payable
(75 Character Limit): ______________________________

Mailing Address: ______________________________

City, State, Zip Code: ______________________________

☐ Via Check to Brokerage Account

Made Payable
(75 Character Limit): ______________________________

Brokerage Firm: ______________________________

Firm Address: ______________________________

City, State, Zip Code: ______________________________

Account Number: ______________________________

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

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