



IMH FINANCIAL CORPORATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

Holder Account Number

\_\_\_\_\_

**REQUEST TO TRANSFER STOCK FORM**

**A. Current Shareholder(s) Information (Transferor)**

Current Account Registration Name - *Please print registration name as it appears on the account*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Social Security Number or Tax Identification Number

\_\_\_\_\_  
Computershare Account Number

**B. Signature(s)**

This section must be signed by ALL current registered Shareholders on the account. If the current Shareholder(s) is/are deceased, the signature of the appropriate legal party is required. If the Shareholder(s) is/are a business entity or trust, the person(s) authorized by the business entity or trust must sign in their authorized capacity. If the account is held through a financial intermediary custodial account, the custodian of record must also sign in its authorized capacity.

**Shareholder (Transferor):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Joint Account Shareholder (if applicable):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Custodian (if applicable):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Medallion Signature Guarantee**

Signature of qualified financial institution & affix stamp

**Medallion Guarantee:** All signatures must be Medallion Guaranteed by an eligible institution such as a commercial bank, trust company, credit union or brokerage firm that participates in an approved Medallion Program. Notarization is not acceptable. Medallion Guarantee(s) should be placed in the space provided at left.

**C. Transfer Exceptions and Type**

The transfer of shares is generally prohibited under IMH Financial Corporation's Certificate of Incorporation unless the transfer qualifies under one of the enumerated exceptions therein. If the transfer qualifies for one of the exceptions listed below, please check the box next to the exception and provide supporting information or documentation (as applicable). If the transfer does not qualify under one of the exceptions below, please contact IMH Financial Corporation to obtain an alternative form. **Please select the applicable exception for this transfer:**

- transfers to IMH Financial Corporation
- gratuitous transfers to a spouse, immediate family member (including an adopted child), or grandchild
- gratuitous transfers to a custodian, trustee (including a trustee of a voting trust), executor or other fiduciary for the account of such gratuitous transfers to a trust for the holder, holder's spouse, immediate family member, or grandchild, or to a trust or a charitable remainder trust
- transfers pursuant to the will of a holder of shares or according to the laws of intestate succession

**D. Shares of Common Stock To Be Transferred**

Please indicate the number of shares to be transferred. Shares must be reflected in whole numbers only. No fractional shares will be transferred.

- Transfer the ownership of all classes and series of shares **OR**
- Transfer the ownership of shares as instructed below:

Share Type	All		Write in the number of shares
Class B-1	<input type="checkbox"/>	or	
Class B-2	<input type="checkbox"/>	or	
Class B-3	<input type="checkbox"/>	or	
Class B-4	<input type="checkbox"/>	or	
Class C	<input type="checkbox"/>	or	

**E. Proposed "New Shareholder" Information (Transferee)**

Please provide all requested information. If the proposed New Shareholder is an entity and not a natural person, then please provide documentation supporting the existence of the entity and the individual(s) authorized to act on behalf of the entity. The recipient of any transferred shares of IMH Financial Corporation Class B or Class C common stock will be subject to all applicable restrictions on such shares.

**Name of New Shareholder – (This will be the new registration name. Please print name as you would like it to appear on the account.)**

\_\_\_\_\_

Please specify the type of ownership for the proposed New Shareholder by selecting only one box below:

- Individual/Sole Proprietor
- Tenancy by the Entirety
- Joint Tenants with Rights of Survivorship
- Trust – (please provide additional information below)
- Tenancy in Common
- Corporation
- Other \_\_\_\_\_
- Partnership
- Usufruct

Name and date of Trust

Name of Trustees

Primary Residence Address (Address of Record):

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address (if different from primary residence):

\_\_\_\_\_  
 \_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Does the proposed New Shareholder listed above currently own any shares of IMH Financial Corporation (exclusive of this request to transfer)?

- Yes
- No

If you answered YES to the question above, please provide the Computershare account number and the registration name on the account(s):

\_\_\_\_\_  
 \_\_\_\_\_

**F. New Custodian Information (if applicable)**

If the proposed New Shareholder account is held through a financial intermediary custodial account, then the custodian must provide the following information and signature.

Custodian Name and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beneficial Owner Name

Beneficial Owner Social Security or Tax Identification Number

Client Account Number at Custodian

Custodian Telephone Number

**Please note that all distribution payments will be made payable and mailed to the custodian.**

By its signature below, the new custodian hereby acknowledges and authorizes the transfer(s) described herein. A corporate resolution must also be provided.

Signature

Title

Custodian Tax Identification Number

Date

**Medallion Signature Guarantee**

Signature of qualified financial institution & affix stamp

**Medallion Guarantee: All signatures must be Medallion Guaranteed by an eligible institution such as a commercial bank, trust company, credit union or brokerage firm that participates in an approved Medallion Program. Notarization is not acceptable. Medallion Guarantee(s) should be placed in the space provided at left.**

**G. Substitute W-9 Form**

This section **must be signed and completed by the party for which tax information is to be reported** or taxes will be withheld from distributions. Tax information may only be reported under one tax identification or social security number.

**Non-Intermediary Custodial Accounts:**

The proposed New Shareholder of the account reflected in Section F must sign and return this certification to ensure that they are exempt from backup withholding on any payments made to them. Please note this will not affect the transfer. Only distributions made on the new shares will be impacted by the absence of a certified Tax Identification Number or Social Security Number.

Under penalties of perjury, I certify that (1) the number shown below is my correct Social Security Number or Tax Identification Number; and (2) I am not subject to backup withholding either because (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including Resident Alien); and (4) I am exempt from FATCA reporting.

Social Security Number

Signature

Tax Identification Number

Date

**Intermediary Custodial Accounts:**

As custodian, you must complete this certification to ensure that you are exempt from backup withholding on any payments made to you for the beneficial New Shareholder. Only distributions made on the new shares will be impacted by the absence of a certified Tax Identification Number or Social Security Number.

Under penalties of perjury, I certify that (1) the number shown below is my correct Tax Identification Number; and (2) I am not subject to backup withholding either because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including Resident Alien); and (4) I am exempt from FATCA reporting.

Signature

Title

Custodian Tax Identification Number

Date

**H. Distribution Information**

Complete this section to indicate the method to be used for any payment of distributions to the New Shareholder. *Please select one of the following two options. (If an option is not selected, distributions will be sent to the address of record.)*

- Send payment to address of record
- Send payment to a third party via:
  - Mail - Please complete third party information below
  - Electronic direct deposit (ACH) – Please note that if direct deposit is not available the payment will be mailed to address listed below.

Please also enclose a voided check with this form.

Financial Institution Information:  Checking  Savings ABA# \_\_\_\_\_

Third Party Information:

Name of Third Party: \_\_\_\_\_ Account Number (if applicable): \_\_\_\_\_

Mailing Address of Third Party:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Electronic Direct Deposit authorization **only**:

I hereby authorize IMH Financial Corporation, or its agent Computershare to initiate automatic deposits to my account at the financial institution named above. I also authorize IMH Financial Corporation or its agent Computershare to make withdrawals from this account, but only in the event that a deposit is made in error. Further, I agree not to hold IMH Financial Corporation or its agent Computershare responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authorization will remain in effect until IMH Financial Corporation or its agent Computershare receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Computershare.

\_\_\_\_\_  
 Signature of New Shareholder (Transferee) Signature of Joint Account New Shareholder (if applicable)

**I. Financial Advisor Information (if applicable)**

Complete this section if a Registered Representative or Registered Investment Advisor (hereinafter called "Financial Representative") should be associated with the new account.

_____ Name of Financial Representative	_____ Broker/Dealer Name (if applicable)
_____ Company Name (if different from either of the above)	_____ Email address of Financial Representative
Address of Financial Representative: _____ _____ _____	_____ Telephone Number of Financial Representative

Please mail this form and applicable supporting documentation:

IMH Financial Corporation  
 Attn: Shareholder Services  
 7001 North Scottsdale Road, Suite 2050  
 Scottsdale, AZ 85253

**For IMH use only:**  
 Date received: \_\_\_\_\_  
 IMH acknowledgement for processing: \_\_\_\_\_