

Summit Healthcare REIT, Inc.

Application For Transfer for Required Minimum Distributions (RMD)

IMPORTANT: Please review the Transfer Instructions prior to completing this form.

A - CURRENT ACCOUNT INFORMATION - Please print exactly as it appears on the account.

Name _____

Address _____

City _____ State _____ Zip _____

Social Security/Tax ID# _____ Summit Healthcare REIT Account # _____ All or _____ # of Shares to be Transferred

B - CURRENT CUSTODIAN SIGNATURE - Must be signed by current custodian.

Signature - Custodian

Date

Title of Signer

Medallion Signature Guarantee
REQUIRED

All signatures must be medallion signature guaranteed

C - NEW ACCOUNT INFORMATION - Please provide all requested information.

Type of Ownership - Please mark one section only. Individual JTWROS Trust Other _____

Mr. Mrs. Ms.

Stockholder/Trustee - First Name and Last Name Date of Birth - MM/DD/YYYY

Mr. Mrs. Ms.

Co-Stockholder/Trustee - First Name and Last Name Date of Birth - MM/DD/YYYY

If Trust/Pension/PSP or Other, Please Provide Complete Title _____
Date of Trust/Pension/PSP/Other MM/DD/YYYY

Residence Address - No P.O. Boxes - Required by Law

City _____ State _____ Zip _____

Alternate Mailing Address - P.O. Boxes are Acceptable

City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

MAIL COMPLETED FORM TO:

Regular Mail:

Summit Healthcare REIT, Inc.
c/o Computershare
P.O. Box 505013
Louisville, Kentucky 40233-5013

Overnight Delivery:

Summit Healthcare REIT, Inc.
c/o Computershare
462 S. 4th Street
Suite 1600
Louisville, Kentucky 40202

Questions:

Summit Healthcare REIT Investor
Services
1-888-522-1771

D - SUBSTITUTE W-9 FORM - Must be signed and completed by party under which tax information is to be reported or taxes will be withheld from distributions. Tax information may only be reported under one tax ID or social security number.

THE UNDERSIGNED CERTIFIES, under penalties of perjury (i) that the taxpayer identification number shown below is true, correct and complete, and (ii) that I am (we are) not subject to backup withholding either because I (we) have not been notified that I am (we are) subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

Social Security/Tax ID # _____
Signature - Stockholder _____ Date _____

E - DISTRIBUTION OPTIONS - To be signed and completed by new registered owner(s). Please mark one selection only. **If a distribution option is not selected, cash distributions will be sent to the address of record.**

- Mail Check to Address of Record
- Send Distribution to a Third Party or via ACH: (complete #1 through #4 below)
 - Via Electronic Deposit (ACH) (complete #1 through #5 below and attach a voided check)
Please check type of account Checking Savings

1. Name of Bank, Brokerage Firm or Individual* _____
2. Distribution Mailing Address _____
3. City _____
State _____ Zip _____
4. Account # (if applicable) _____
A voided check must be submitted for distributions via ACH or your request will not be processed.
5. Bank Routing # (For ACH Only) _____

Signature - Stockholder _____ Date _____
Signature - Co-Stockholder _____ Date _____

Medallion Signature Guarantee
REQUIRED

All signatures must be medallion signature guaranteed

* If cash distribution is sent to an individual other than the registered owner, the stockholder's signature(s) must be medallion guaranteed.

F - BROKER DEALER - REGISTERED REPRESENTATIVE INFORMATION - Must complete entire section.

Registered Representative Name _____
Broker Dealer Rep ID # (Required) _____ Registered Representative Telephone _____
Mailing Address _____
City _____ State _____ Zip _____
Registered Representative E-mail _____
Broker Dealer Name _____
Branch# _____ Broker Dealer Client Account # _____
Registered Investment Advisor (RIA) _____