

Summit Healthcare REIT, Inc.

Request to Change Registered Representative and/or Broker Dealer Form

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

Stockholder Name(s):

 Check here if new address.**Old address, if applicable:**

Address

Address

City

State

Zip

City

State

Zip

Date of Birth (Required)

Telephone Number

SSN or Tax ID (Required)

B - NEW REGISTERED REPRESENTATIVE INFORMATION - Please print clearly.

Registered Representative Name

Broker Dealer Client Account Number

Broker Dealer Firm Name

Branch Number

Broker Dealer Rep ID # (Required)

Email Address

Mailing Address

City

State

Zip

Telephone Number

C - SIGNATURE - Please sign EXACTLY as your account is registered.

The undersigned Owner(s) hereby designate(s) the authorized registered representative indicated above as the Owner's authorized representative and disclaims any other person as being such an authorized registered representative.

*I (We) also understand that this form will not be used to update/change any distribution or registration information. A separate distribution election change form or application for transfer is required.

Signature of Stockholder/Trustee

Date

Signature of Co-Stockholder/Co-Trustee

Date

Summit Healthcare REIT Account Number (Required)

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