

Summit Healthcare REIT, Inc.

Change of Distribution Election Form

**IF THIS IS A CUSTODIAL ACCOUNT, SUCH AS AN IRA OR SEP, CONTACT YOUR CUSTODIAN.
THE CUSTODIAN'S SIGNATURE IS REQUIRED IN ORDER TO PROCESS SUCH REQUESTS.**

A - CHANGE OF DISTRIBUTION ELECTION - Please mark one selection only.

- Mail Check to Address of Record
- Send Distribution to a Third Party or via ACH:
- Via Mail (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) _____ 5. Bank Routing # _____
(For ACH Only)
- A voided check must be submitted for distributions via ACH or your request will not be processed.

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

B- SIGNATURE - Must be signed by all stockholders.

Signature - Stockholder Date

Signature - Co-Stockholder Date

Printed Name of Stockholder

Printed Name of Co-Stockholder

Account # (Required) _____

Telephone _____

Signature - Custodian ** (if applicable)

** Medallion Guaranteed Signature or Corporate Resolution 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

Medallion Signature Guarantee
REQUIRED

All signatures must be medallion signature guaranteed

Questions:

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