



SUMMIT HEALTHCARE REIT, INC.



Computershare
PO Box 505013
Louisville, KY 40233-5013
Within USA, US territories & Canada 1-888-522-1771
Outside USA, US territories & Canada 1-781-575-2428
www.computershare.com/summit

Name _____
Address _____
City, State, Zip _____

Holder Account Number

Financial Advisor / Financial Institution Account Maintenance Form

PLEASE PRINT CLEARLY

1. ACCOUNT HOLDER INFORMATION

Provide the Account Name or Registration exactly as it appears on the account, including ALL names / entities listed on the account:

A [Grid for Account Name or Registration]

B Check here if the current address below is a new address

Current Street Address / PO Box _____ Apt. / Unit Number _____
C [Grid for Current Street Address / PO Box]

City _____ State _____ Zip Code _____
D [Grid for City, State, Zip Code]

Daytime Telephone Number _____
E [Grid for Daytime Telephone Number]

Social Security Number (SSN) or Employer Identification Number (EIN) _____ (do not use hyphens)
F [Grid for SSN or EIN] SSN EIN

Old address, if applicable: If you checked the box for Item B above, please provide your old address that is still on the account.

Old Street Address / PO Box _____ Apt. / Unit Number _____
G [Grid for Old Street Address / PO Box]

City _____ State _____ Zip Code _____
H [Grid for City, State, Zip Code]

E X X X

S H R I



2. ACCOUNT HOLDER'S FINANCIAL ADVISOR INFORMATION

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the account. Please note, the account holder must sign in the "Authorized Signatures" section (section 3) in order to grant consent for the holder's Financial Advisor and Financial Advisor's Institution to have view-only access to all account information. If any part of this section is left blank, no Financial Advisor will be added to the account.

FINANCIAL ADVISOR INFORMATION

Name **A**

CRD Number **B** Telephone Number (do not use hyphens) **C** Ext.

E-mail Address **D**

Street Address / PO Box **E** Apt. / Unit Number

City **F** State Zip Code

FINANCIAL ADVISOR'S INSTITUTION INFORMATION

Financial Institution Name **G**

CRD Number **H** Telephone Number (do not use hyphens) **I** Ext.

Street Address / PO Box **J** Apt. / Unit Number

City **K** State Zip Code

3. ACCOUNT HOLDER'S SIGNATURE

By signing below, the account holder gives consent to Computershare to grant view-only access of all account information to the Financial Advisor and the Financial Advisor's Institution if provided in section 2 above. Such consent will remain in place until the account holder notifies Computershare to revoke such consent.

Signature of Account Holder Date (mm / dd / yyyy)

