



Transfer Form

one	Current Investor (Transferor) Information		
Please print name(s) in which shares are currently registered. *This form must be used to change a SSN/TIN under most circumstances.	Name of Investor/Trustee		Social Security or Tax ID Number*
	Name of Co-Investor/Trustee (if applicable)		Social Security or Tax ID Number*
	Street Address (required)		
	City	State	Zip Code

CNL Healthcare Properties, Inc. may reject any request for transfer of shares, in whole or in part, at its sole discretion.

two	Transfer Amount and Reason for Transfer
Please choose a reason for the transfer. (for tax reporting purposes)	Important Notice: The issuer has elected the first-in, first-out (FIFO) method as the default for calculating cost basis for covered shares as defined in the product's offering documents. If you have questions or wish to change the cost basis method, please go to the Company website and download the investor change form.
	This transfer is for the amount of _____ shares.
	<input type="checkbox"/> Inheritance (due to death) <input type="checkbox"/> Re-registration <input type="checkbox"/> Gift
	Date of Death _____ (name change, divorce, etc.) Date of Gift _____

three	Current Investor (Transferor) Signatures	
If this account involves a custodian, please forward the Transfer Form to the custodian for its signature and Medallion stamp guarantee with instructions to return the Transfer Form to the transfer agent, DST Systems, Inc. We must have the original signature(s) of the registered owner(s)/investor(s).	By executing this Transfer Form, the Transferor represents that the transfer is made in accordance with all applicable federal and state securities laws and regulations. The signature(s) to this Transfer Form must correspond with the name(s) in which you hold the shares, in every particular, without alteration or any change whatsoever.	
	Signature of Current Investor/Trustee - OR - Executor of Estate	Date
	Signature of Co-Investor/Trustee - OR - Custodian (if applicable)	Date

MEDALLION REQUIRED FOR ALL SIGNATURES

Medallion Signature Guarantee Stamp

Co-Medallion Signature Guarantee Stamp

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New Investor (Transferee) Information

Please print name(s) in which shares are to be registered.

*If this registration is in a Trust, Plan, or Corporation the SSN/TIN used should be associated with the Trust or other (i.e., Corporation) in Section 5.

Name of Investor/Trustee

Social Security or Tax ID Number*

Name of Co-Investor/Trustee (if applicable)

Social Security or Tax ID Number*

Street Address (required)

City

State

Zip Code

Email Address

Phone Number

Citizenship

Select one.

☐ U.S. citizen

☐ Resident Alien

☐ U.S. citizen residing outside the U.S. Country _____

For Custodial Accounts Only

Name

Tax ID Number

Address

Custodian/Brokerage Acct. Number

City

State

Zip Code

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New Investor (Transferee) Form of Ownership

Select one:

Non-Qualified – Single Owner

☐ Individual

☐ Individual with *Transfer on Death**

Non-Qualified – Multiple Owners

☐ Joint Tenant with Rights of Survivorship

☐ Community Property

☐ Joint Tenants with *Transfer on Death**

*Requires *Transfer on Death* form that can be found at www.CNLHealthcareProperties.com.

Non-Qualified – Trust

☐ Taxable Trust

☐ Tax Exempt Trust

Name of Trust

SSN/TIN

Other

☐ C Corporation

☐ S Corporation

☐ Non-Profit Organization

☐ Partnership

☐ Pension Plan

☐ Profit Sharing Plan

☐ Disregarded Entity

☐ Other

Name of Corporation/Plan Name/Estate/Other

Tax ID Number

Qualified

☐ Traditional IRA

☐ ROTH IRA

☐ SEP/IRA

☐ Rollover IRA

☐ Beneficial IRA*

*Beneficial IRA Decedent Name

Non-Qualified – Minor

☐ Uniform Gift to Minors Act

State of _____ DOB of Minor _____

☐ Uniform Transfers to Minors Act

State of _____ DOB of Minor _____

This information should be compliant with the IRS Form W-9 requirements. Please refer to instructions for Form W-9 at www.IRS.gov.

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Distribution Instructions

Select one.

Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.

☐ **Mail check to Investor/Trustee address entered in Section 4**

☐ **Mail check to Brokerage Account or Other:**

Financial Institution

FBO

Account Number

Address

City

State

Zip Code

☐ **Electronically deposit** to:** ☐ Checking ☐ Savings ☐ Brokerage or other

Financial Institution

ABA Routing Number

Account Number

I authorize DST Systems, Inc. or its Agent (together, "DST") to deposit my distribution to my checking or savings account. This authority will remain in force until I notify DST in writing to cancel it. In the event that DST deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Complete for electronic deposit of distributions.
**Attach a voided check or instructions from your Financial Institution.
(A Deposit Ticket does not contain the required ACH information).

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New Investor (Transferee) Signatures

A. Substitute IRS Form W-9 Certification:

Under penalties of perjury, I certify that:

(1) the number shown on this subscription agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and

(2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. citizen or other U.S. person (defined in IRS Form W-9 instructions).

YOU MUST CROSS OUT CERTIFICATION (2) IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE CURRENTLY SUBJECT TO BACKUP WITHHOLDING BECAUSE YOU HAVE FAILED TO REPORT ALL INTEREST AND DIVIDENDS ON YOUR TAX RETURN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

B. Taxpayer Securities Laws Confirmation (required):

By executing this transferee form, the transferee represents that the transfer is made in accordance with all applicable federal and state securities laws and regulations.

Signature of New Investor/Trustee

Date

Signature of Co-New Investor/Trustee - OR - Custodian (if applicable)

Date

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Financial Professional or Investor Representative Information

Name of Participating Broker-Dealer or Financial Institution

Name of Financial Professional(s)/Investor Representative(s)

Financial Professional Number

Mailing Address

City

State

Zip Code

Telephone

Fax