AR Global

Healthcare Trust

New York City REIT

ACCOUNT MODIFICATION FORM

Important – When completed, please send to:

Regular Mail
COMPUTERSHARE
P.O. BOX 505013
LOUISVILLE, KY 40233-5013

Overnight
COMPUTERSHARE
462 SOUTH 4TH STREET
SUITE 1600
LOUISVILLE, KY 40202

All applicable sections must be completed for instructions to be acceptable and valid.

This form must be received 15 days prior to the next distribution payable date.

Sections 1 and 8 must be completed for all requested changes.

Additional forms are available online at: www.ar-global.com/ forms

Please contact your custodian for any separate requirements or forms required to complete a:

- Change of custodian for a qualified account, such as an IRA, retirement, or other custodial-held account.
- Change of distribution destination, such as a custodian account number change.

For ALL other changes to custodial-held accounts please complete this form and forward to your custodian for their signoff.

Sections

Section 1	This section must be completed.
Section 2	Update address of record.
Section 3	Add an alternate address where duplicate tax and/or distribution statements may be sent.
Section 4	Begin or terminate participation in the distribution reinvestment plan. Change of distribution instructions. Any change of distributions for qualified accounts requires your custodian's approval (except to remove DRP).
Section 5	Add or change a power of attorney Add or change trustee for a trust or perpetual entity (e.g. corporation, pension or profit sharing plan) Note: only if not due to the death of the current trustee Change name due to divorce or marriage
Section 6	Change or remove financial advisor associated with an account
Section 7	Consent to receive electronic delivery of shareholder communications; **must be signed by investor(s).**
Section 8	This section must be completed.

Separate forms are required to make the following changes:

Change of Ownership	**Transfer forms**
Change Trustee from a Trust or Perpetual Entity (*e.g.* corporate, pension, or profit sharing plan), if due to the death of the current trustee	**Transfer forms**
Share Repurchase	**Share Repurchase form for applicable fund(s)**

ACCOUNT MODIFICATION FORM

1 **Required for ALL Changes**

Please type or write legibly

Account number may be found on your account statement.

Account Information

Please indicate which accounts you wish to modify:

☐ Healthcare Trust, Inc.

☐ New York City REIT, Inc.

Name of Account Owner _____

Social Security Number (or) Tax Identification Number _____

Account Number(s) _____

Name of Joint Account Owner *(if applicable)* _____

Social Security Number (or) Tax Identification Number _____

Name of Trust or Business Entity *(Does not apply to IRA accounts)* _____

Name of Custodian or Trustee _____

Custodian/Trust/Business Entity Tax ID# _____

2 Complete this section to change your address of record.

Address of Record Change

Legal Address (No P.O. Boxes) _____

City, State, Zip _____

Phone Number _____

Alternate Phone _____

Fax _____

Email _____

3 Use this address in addition to the address of record.

Add a Second Address for Duplicate Statements

Use this address for: (select one or both options)

☐ Duplicate mailings ☐ Duplicate tax statements

Name _____

Mailing Address (Can be a P.O. Box) _____

City, State, Zip _____

Phone Number _____

Alternate Phone _____

Fax _____

Email _____

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Note: Distributions on Qualified accounts must be paid to the custodian or reinvested.

Footnotes:

1 *Distributions may be funded from borrowings, offering proceeds, or proceeds from the sale of assets, which may constitute a return of capital and significantly reduce the amount of capital available for investment by each program. Any capital returned to investors through distributions will be returned after certain fees and expenses are paid to the sponsor of this offering or its affiliates.*

2 Attach a **voided check** *(A Deposit Ticket does not contain the required ACH information)*

Change of Distribution Instructions

- ☐ **Begin participation in the Distribution Reinvestment Plan**[1]
- ☐ **Send distributions to the address of record** *(Not applicable for qualified accounts)*
- ☐ **Send distributions to my custodian** *(custodian-held accounts only)*
- ☐ **Directly deposit distributions to the account indicated on the attached voided/cancelled check, or pursuant to the attached instructions provided by my financial institution for my savings or brokerage account.** *(Not applicable for qualified accounts)*
  - ☐ Savings Account ☐ Checking Account[2]
- ☐ **Mail distributions to the Financial Institution indicated below:**

Financial Institution Information

Financial Institution _____

FBO _____

Mailing Address _____

City, State, Zip _____

Phone Number _____

Fax _____

Account Number _____

Bank's ABA/Routing # _____

Attach a copy of a voided/cancelled check in this area

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Important: Copy of power of attorney, registration and acceptance of trustee, corporate resolution, copy of marriage certificate, divorce decree or court order must be provided, as applicable.

Must be authorized by signature of the Investor(s).

Note: Please remember to make changes to address, distribution instructions or financial advisor, if applicable.

Change of Power of Attorney/Trustee/Name

Add or Change Power of Attorney to: _____

Add or Change Trustee Name to: _____

DOB: _____ | SSN: _____

Change Name due to Marriage or Divorce to: _____

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Must be authorized by signature of the Investor(s).

Note: Please remember to make changes to distributions, Section 4, if applicable.

Change of Financial Advisor

New Broker/Dealer FINRA Firm Name _____

New Registered Representative _____

Rep. ID# _____

Mailing Address (Can be a P.O. Box) _____

City, State, Zip _____

Phone Number _____

Fax _____

Email _____

7 Electronic Delivery Election

Electronic Delivery of stockholder communication is available and if you would prefer to receive such communications and statements electronically, please affirmatively elect to do so by signing below where indicated:

We encourage you to reduce printing and mailing costs and to conserve natural resources by electing to receive electronic delivery of stockholder communications and statement notifications. By consenting below to electronically receive stockholder communications, including your account-specific information, you authorize said offering(s) to either (i) e-mail stockholder communications to you directly or (ii) make them available on each offering's respective website and notify you by e-mail when such documents are available and how to access the documents.

You will not receive paper copies of these electronic materials unless specifically requested, the delivery of electronic materials is prohibited or we, in our sole discretion, elect to send paper copies of the materials.

Sign below if you consent to the electronic delivery of documents including annual reports, proxy materials, and any other documents that may be required to be delivered under federal or state securities laws as well as account-specific information such as quarterly account statements or tax information. Your consent will be effective until you revoke it. In addition, by consenting to electronic access, you will be responsible for your customary Internet Service Provider charges in connection with access to these materials. E-mail address in the section below is required. Please carefully read the following representations before consenting to receive documents electronically. By signing this box and consenting to receive documents electronically, you represent the following: **(a)** I acknowledge that access to both Internet e-mail and the World Wide Web is required in order to access documents electronically. I may receive by e-mail notification the availability of a document in electronic format. The notification e-mail will contain a web address (or hyperlink) where the document can be found. By entering this address into my web browser, I can view, download and print the document from my computer. I acknowledge that there may be costs associated with the electronic access, such as usage charges from my Internet provider and telephone provider, and that these costs are my responsibility. **(b)** I acknowledge that documents distributed electronically may be provided in Adobe's Portable Document Format (PDF). The Adobe Reader® software is required to view documents in PDF format. The Reader software is available free of charge from Adobe's website at www.adobe.com . The Reader software must be correctly installed on my system before I will be able to view documents in PDF format. Electronic delivery also involves risks related to system or network outage that could impair my timely receipt of or access to stockholder communications. **(c)** I acknowledge that I may receive at no cost from the respective offering(s) a paper copy of any documents delivered electronically by calling AR Global Investments, LLC at 866-902-0063 from 9:00 am to 5:00 pm EST Monday-Friday. **(d)** I acknowledge that if the e-mail notification is returned to the respective offering(s) as "undeliverable", a letter will be mailed to me with instructions on how to update my e-mail address to begin receiving communication via electronic delivery. I further understand that if the respective offering(s) is/are unable to obtain a valid e-mail address for me, the respective offering(s) will resume sending a paper copy of its filings by U.S. mail to my address of record. **(e)** I acknowledge that my consent may be updated or cancelled, including any updates in e-mail address to which documents are delivered, at any time by calling AR Global Investments, LLC at 866-902-0063 from 9:00 am to 5:00 pm EST Monday-Friday.

Owner Signature _____ **Date (mm/dd/yyyy)** _____

Co-Owner Signature (if applicable) _____ **Date (mm/dd/yyyy)** _____

Joint Accounts: If your Social Security number is the primary number on a joint account and you opt-in to electronic delivery, each consenting stockholder must have access to the e-mail account provided.

My e-mail address is _____

Your e-mail address will be held in confidence and used only for matters relating to your investments.

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Important: Section 5 and 6 must be authorized with the signature of the Investor(s) and/or Custodian.

Note: Medallion Signature Guarantee Stamp is required only when the custodian is signing on behalf of the Beneficial Owner.

Required Signatures

Required Signatures – All Investors or Authorized Representative(s)

Owner/Authorized Person's Signature _____ **Date (mm/dd/yyyy)** _____

Co-Owner/Trustee/Custodian's Signature (if applicable) _____ **Date (mm/dd/yyyy)** _____

Owner/Authorized Person's Signature _____ **Date (mm/dd/yyyy)** _____

Affix Medallion Signature Guarantee Stamp below

Important – When completed, please send to:

Regular Mail
COMPUTERSHARE
P.O. BOX 505013
LOUISVILLE, KY 40233-5013

Overnight
COMPUTERSHARE
462 SOUTH 4TH STREET
SUITE 1600
LOUISVILLE, KY 40202

Call with any questions:
866-902-0063