## Highlands REIT, Inc.

## Change of Address Form

Please indicate which address should be changed by checking the box in Section B, C or both (as applicable).

A - STOCKHOLDER INFORMATION - Please print exactly as i	t appears on the account. Must c	omplete the entire sectio	n.
Name of Stockholder(s):			
Current Registration Address:			
Address			
City	State	Zip	-
Account #	_		
B - RESIDENCE ADDRESS			
New Residence Address - please change to:			
Address			
City	State	Zip	
C - MAILING ADDRESS			
New Mailing Address - please change to:			
Address			
City	State	Zip	
D - SIGNATURE - Must be signed by all stockholders.			
Signature - Stockholder Date	Signature - Co-Stockhold	er	Date
Printed Name of Stockholder	Printed Name of Co-Stoc	kholder	

NOTE: To change the distribution option on your account, please complete the Change of Distribution Election Form.

## MAIL COMPLETED FORM TO:

Regular Mail: Highlands REIT, Inc. c/o DST Systems, Inc. P.O. Box 219459 Kansas City, MO 64121 Overnight Delivery: Highlands REIT, Inc. c/o DST Systems, Inc. 430 W. 7th Street Kansas City, Missouri 64105 Questions:

Highlands REIT Investor Services 844.421.0533