Highlands REIT, Inc.

Application For Transfer

IMPORTANT: Please review the Application for Transfer Instructions prior to completing this form.

A - CURRENT ACC		DN - Please print exactly as it appears	on the accou	unt.	
Name					
Address					
City			State	Zip	
Social Security/Tax ID#	Hi	ghlands REIT Account #		All or	# of Shares to be Transferred
		arty must sign this section in capacity.			
5- SIGNATURE(S)		arty must sign this section in capacity.			
				Medall	ion Signature Guarantee REQUIRED
Signature		Date			
Capacity (Required):					
Stockholder	Executor/Executrix	Personal Representative			
Guardian	Power of Attorney	Trustee Successor Trustee			
Printed Name of Signer				All signatures mu	st be medallion signature guaranteed
			l	Medall	ion Signature Guarantee
					REQUIRED
Signature		Date			
Capacity (Required):					
Co -Stockholder	Executor/Executrix	Personal Representative Trustee Successor Trustee			
Guardian	Power of Attorney	Trustee Successor Trustee			
				All size shares and	
Printed Name of Co-Sig	gner			All signatures mu	st be medallion signature guaranteed
				Meda	lion Signature Guarantee JIRED FOR CUSTODIAN
				REQU	(if applicable)
Signature - Custodian	(Required for Custodial He	eld Accounts) Date			
Title of Signer					
				All signatures mu	st be medallion signature guaranteed
					st be medallon signature guaranteed

C - TYPE OF TRANSFER - Check one and pro	ovide the additional requested information		
Re-registration (Name Change, Divorce/Separa	tion, Individual to Trust, etc.)		
Gift Date of Gift			
Inheritance* Date of Death or			
* I hereby attest that there are no known disputes be distributed to each person, and therefore are			insfer, or the amounts to
Signature of Transfer on Death Beneficiary (Req	uired):		
Secondary Market/Third Party Transaction	Cost Per Share (Required)	
Other (Please Specify)			
D - NEW ACCOUNT INFORMATION - Plea	se provide all requested information.		
tockholder/Trustee/Administrator/UTMA/UGMA Minor's Name - Full Name		Social Security/Tax ID#	Date of Birth - MM/DD/YYYY
Co-Stockholder/Trustee/Administrator/UTMA/UGMA	Co-Stockholder/Trustee/Administrator/UTMA/UGMA Custodian Name - Full Name		Date of Birth - MM/DD/YYY
If Trust/Pension/PSP or Other, Please Provide Complete Title		Social Security/Tax ID#	Date of Trust/Pension/PSP/Othe MM/DD/YYYY
Residence Address - No P.O. Boxes - Required by I	Law		
City		State	Zip
Alternate Mailing Address - P.O. Boxes are Accepta	able		
City		State	Zip
Home Telephone #		Business Telephone #	
CUSTODIAN INFORMATION - Required	for Custodial Held Accounts		
Custodian Tax ID #		Custodian Telephone #	
Custodial Account #			
E-TYPE OF OWNERSHIP - Please mark one	•		
Individual Ownership	Corporate Ownership include Corporate Resolution	Traditional IRA	
TOD*	"C Corp" "S Corp"	ROTH IRA	
Joint Tenants with Rights of Survivorship TOD*	LLC Ownership include LLC Agreement	SEP IRA	
Tenants in Common	Indude LLO Ayreement	Inherited IRA	
Tenants by the Entirety	UTMA/UGMA	Name of Decedent	
Community Property	State of Pension or Profit Sharing Plan	Other (Specify)	
Community Property WROS	include plan docs Trust - include trust certification		
* If designating TOD(s), must complete Change of TOD form.			

F - DISTRIBUTION C not selected, cash distribut	PTIONS - To be signed and completed by ions will be sent to the address of record. Dist	new registered ow ributions for custodi	vner(s). Please mark one selection only. If a distributi lial held accounts will automatically be sent to the Cus	on option is stodian.
Mail Check to Addres	s of Record			
Send Distribution to a	a Third Party/Custodian:			
	Via Mail (complete #1 through #4 l	pelow)		
	Via Electronic Deposit (ACH) (com	plete #1 through #5	5 below and <u>attach a voided check</u>)	
	Please check type of account:	Checking	Savings	
1. Name of Bank, Brokerag	ge Firm or Individual			
2. Distribution Mailing Addr	ress			
3. City		_		
State	Zip	_		
,	submitted for distributions via ACH or your real	quest will not be pro	ocessed.	

5. Bank Routing # (For ACH Only)

G - AUTHORIZATION AND G=; B5 HI F9 fGL- All registered owners must sign this section.

THE UNDERSIGNED CERTIFIES, under penalties of perjury (i) that the taxpayer identification number shown on this Application for Transfer is true, correct and complete, and (ii) that I am (we are) not subject to backup withholding either because I (we) have not been notified that I am (we are) subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me (us) that I am (we are) no longer subject to backup withholding.

Signature - Stockholder	Date

Printed Name of Stockholder

Co-Signature - Stockholder Date

Printed Name of Co-Signer

Signature - Custodian (Required for Custodial Held Accounts) Date

Title of Signer

Medallion Signature Guarantee REQUIRED FOR NEW CUSTODIAN (if applicable)	
Affin Madellien Cignature Cuerontee	

H - BROKER DEALER - REGISTERED REPRESENTATIVE INFORMATION - Must complete entire section.

Registered Representative Name			
Broker Dealer Rep ID # (Required)	Registered Representative Telephone #		
Mailing Address			
City	State Zip		
Registered Representative E-mail			
Broker Dealer Name			
Branch #	Broker Dealer Client Account #		
Registered Investment Advisor			

MAIL COMPLETED FORM TO:

Regular Mail:

Highlands REIT, Inc. c/o DST Systems, Inc. P.O. Box 219459 Kansas City, Missouri 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