Highlands REIT, Inc.

Request to Change Registered Representative and/or Broker Dealer Form

A - CURRENT OWNER INFO	ORMATION -	Please print exactly	as it appears on the account.		
Stockholder Name(s):			Check here if new address.		
			Old address, if applic	cable:	
			Address		
Address			City	State Zip	
City	State	Zip	Date of Birth (Required)		
Telephone Number			SSN or Tax ID (Required	SSN or Tax ID (Required)	
B - NEW REGISTERED REP	RESENTATI	VE INFORMATI	ON - Please print clearly.		
Registered Representative Name			Broker Dealer Client Acc	Broker Dealer Client Account Number	
Broker Dealer Firm Name			Branch Number		
Broker Dealer Rep ID # (Required)			Email Address	Email Address	
Mailing Address					
City	State	Zip	Telephone Number		
C - SIGNATURE - Please sign	EXACTLY as yo	our account is registe	ered.		
The undersigned Owner(s) hereby or representative and disclaims any ot				s the Owner's authorized	
*I (We) also understand that this for change form or application for trans		ed to update/change	e any distribution or registration infor	rmation. A separate distribution election	
Signature of Stockholder/Trustee			 Date	Date	
Signature of Co-Stockholder/Co-Trustee			Date		
Highlands REIT Account Number (F	Required)				
MAIL COMPLETED FORM T	ГО:				
Pogular Mail:		Overnight Deli	vorv: Oues	etione:	

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

Highlands REIT Investor Services 844-421-0533