

# STRATEGIC REALTY TRUST, INC.

## CHANGE DISTRIBUTION OPTION

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number:

Investor Name:

Investor Address:

Daytime Phone #:

Send Distribution Payment To: (*Assign Applicable Percentage / Must Total 100%*)

Primary Residence: %

Directly to my bank via ACH: % *For ACH – a voided check is **required**. (No deposit slips)*

New Brokerage Account: % *Please complete the information below.*

Name or Title:

Brokerage:

Street Address:

City, State & Zip:

Account #:

**ALL TITLEHOLDER SIGNATURES ARE REQUIRED.**

\_\_\_\_\_  
Investor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investor Signature

\_\_\_\_\_  
Date

**WHEN COMPLETED PLEASE PRINT AND MAIL TO:**

Strategic Realty Trust, Inc.

**Attention: Investor Services Department**

2401 Kerner Boulevard

San Rafael, CA 94901-5569