

RETURN TO: Leslie B. C. Wolfgang  
SVP, CECO and Corporate Secretary  
Mid-America Apartment Communities, Inc.  
VIA Email: leslie.wolfgang@maac.com

**REQUEST FOR WAIVER**  
(OPTIONAL CASH PAYMENT IN EXCESS OF \$5,000)

The undersigned hereby requests that Mid-America Apartment Communities, Inc. (the "Company") permit the undersigned to make a one time optional cash payment in the amount of \$\_\_\_\_\_ to Broadridge Corporate Issuer Solutions, Inc. (the "Agent") to be used by the Agent to purchase shares of Common Stock, par value \$.01 ("Common Stock") of the Company pursuant to the Dividend and Distribution Reinvestment and Share Purchase Plan of the Company (the "Plan") during the determined pricing period as described in the Prospectus dated February 28, 2018 relating to the Plan.

The undersigned hereby represents the following:

1. The undersigned has received a copy of the Prospectus referenced above;
2. The undersigned will become a participant in the Plan by filing with the Agent an executed Enrollment Card with the submission of the above referenced optional cash payment;
3. The undersigned agrees not to purchase or cause to be purchased or sell or cause to be sold any Company Common Stock in violation of applicable securities laws nor to make any representation purportedly on behalf of the Company in connection with the purchase or sale of the Common Stock. The undersigned agrees that it will not engage in activities which will cause it to be deemed an "underwriter" under applicable law.

The undersigned acknowledges that the Company has set a minimum price (the "Threshold Price") equal to \$\_\_\_\_\_ per share.

The undersigned understands that if the Market Price for each individual investment date in the Pricing Period, does not equal or exceed the Threshold Price, the Company will return that portion of the undersigned's optional cash payment which was not invested, to the undersigned, without interest, by check.

\_\_\_\_\_  
Signature of Participant

Approved by Company:

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Leslie B.C. Wolfgang  
SVP, CECO and Corporate Secretary

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
SSN/TIN of Participant

\_\_\_\_\_  
Date