



**A - CURRENT OWNER INFORMATION** - Please print exactly as it appears on the account.

Stockholder Name(s):

Check here if new address.

**Old address, if applicable:**

\_\_\_\_\_

Address

Address

City

State

Zip

City

State

Zip

Date of Birth (Required)

Telephone Number

SSN or Tax ID (Required)

**B - NEW REGISTERED REPRESENTATIVE INFORMATION** - Please print clearly.

Registered Representative Name

Broker Dealer Client Account Number

Broker Dealer Firm Name

Branch Number

Broker Dealer Rep ID # (Required)

Email Address

Mailing Address

City

State

Zip

Telephone Number

**C - SIGNATURE** - Please sign EXACTLY as your account is registered.

The undersigned Owner(s) hereby designate(s) the authorized registered representative indicated above as the Owner's authorized representative and disclaims any other person as being such an authorized registered representative.

\*I (We) also understand that this form will not be used to update/change any distribution or registration information. A separate distribution election change form or application for transfer is required.

Signature of Stockholder/Trustee

Date

Signature of Co-Stockholder/Co-Trustee

Date

InvenTrust Properties Account Number (Required)

**MAIL OR FAX COMPLETED FORM TO:**

**Regular Mail:**

InvenTrust Properties Corp.  
c/o DST Systems, Inc.  
P.O. Box 219845  
Kansas City, Missouri 64121-9845

**Overnight Delivery:**

InvenTrust Properties Corp.  
c/o DST Systems, Inc.  
430 W. 7th Street  
Kansas City, Missouri 64105

**Fax:** 877-379-5933

**Questions:**

InvenTrust Properties Investor Services  
855.377.0510