

DC INDUSTRIAL  
Liquidating Trust

**Account Re-Registration Form**

To be completed by individual re-registering DC Industrial Liquidating Trust shares.

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**1. CURRENT ACCOUNT REGISTRATION** (Indicate the exact name of the registrant and include any custodial information.)

Investor

Co-Investor

Investor/Social Security/Taxpayer ID #

Co-Investor/Social Security/Taxpayer ID #

Custodian/Trustee Tax ID #, if applicable

Brokerage Account Number, if applicable

Home Telephone

E-mail Address

Street Address

City

State

ZIP

If re-registering out of a trust account due to death please check appropriate box:

☐ Grantor Trust

☐ Non-Grantor Trust

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**2. RE-REGISTRATION INFORMATION** (check all that apply)

**Reason for Re-Registration:** ☐ **Death** (Include copy of Death Certificate.) \_\_\_\_\_

Date of Death

☐ **Divorce** (Include copy of Divorce Decree.)

☐ **Custodian Change**

☐ **Other** (please specify): \_\_\_\_\_ \*See below for acceptable re-registrations

**Quantity:** Number/Percentage of shares to be re-registered: \_\_\_\_\_

**Re-registrations are only allowed due to Death, Court Order or Custodian Change. These re-registrations are not allowed; Estate Planning, Gifts and Secondary Market Sales. If you have questions about the acceptable re-registration types please reach out to DC Industrial Liquidating Trust at 888.310.9352.**

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**3. INVESTOR SIGNATURES**

The Current Investor hereby certifies and represents that Investor has possession of valid title and all requisite power to assign and re-register such shares and that the assignment and re-registration is in accordance with applicable federal and state laws and regulations and further certifies, under penalty of law, that the reason for re-registering provided is correct.

Signature of Investor or Trustee

Signature of Co-Investor or Trustee, if applicable

Date

Signature of Custodian

Guarantor: Affix Medallion Signature Guarantee here.

**A Medallion Signature Guarantee is required for investor/trustee/custodian signature(s). A notary public is not an acceptable guarantor.**

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4. TYPE OF REGISTRATION

**Non-Custodial Ownership**

- ☐ **Individual Ownership** — One signature required.
- ☐ **Transfer on Death** — Fill out Transfer on Death Form to effect designation. (Available through your financial advisor)
- ☐ **Joint Tenants with Rights of Survivorship** — All parties must sign.
- ☐ **Community Property** — All parties must sign.
- ☐ **Tenants in Common** — All parties must sign.
- ☐ **Corporate Ownership** — Authorized signature required. Include copy of corporate resolution. ☐ **C-Corp** ☐ **S-Corp** ☐ **LLC**
- ☐ **Partnership Ownership** — Authorized signature required. Include copy of partnership agreement.
- ☐ **Estate** — Personal representative signature required.

\_\_\_\_\_  
Name of Executor

*Include a copy of the court appointment dated within 90 days.*

- ☐ **Taxable Trust**  
Include a copy of the first and last page of the trust.  
☐ **Grantor Trust** ☐ **Non-Grantor Trust**
- ☐ **Non-Taxable Trust**  
Include a copy of the first and last page of the trust.
- ☐ **Governmental Qualified Pension Plan and Profit-Sharing Plan**  
(Non-custodian)
- ☐ **Non-Governmental Qualified Pension Plan and Profit-Sharing Plan**  
(Non-custodian)
- ☐ **Other** (Specify)

\_\_\_\_\_  
Name of Trustee

*Include a copy of the first and last page of the plan, as well as Trustee information*

**Custodial Ownership** — All Custodian signatures required in section 8.

- ☐ **Traditional IRA** — Custodian signature required in section 8.
- ☐ **Decedent IRA** — Custodian signature required in section 8.
- \_\_\_\_\_  
Name of Deceased
- ☐ **Roth IRA** — Custodian signature required in section 8.
- ☐ **KEOGH Plan** — Custodian signature required in section 8.
- ☐ **Simplified Employee Pension/Trust (SEP)**
- ☐ **Governmental Pension or Profit-Sharing Plan** — Custodian signature required in section 8.
- ☐ **Non-Governmental Pension or Profit-Sharing Plan** — Custodian signature required in section 8.
- ☐ **Uniform Gift to Minors Act** — Custodian signature required in section 8.

State of \_\_\_\_\_ Custodian for \_\_\_\_\_

- ☐ **Other** (Specify)

**(Required for custodial ownership accounts.)**

\_\_\_\_\_  
Name of Custodian, Trustee or Other Administrator

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State ZIP

**Custodian Information** — To be completed by Custodian listed above.

\_\_\_\_\_  
Custodian Tax ID #

\_\_\_\_\_  
Custodian Account #

\_\_\_\_\_  
Custodian Telephone #

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DC INDUSTRIAL

Liquidating Trust

## Account Re-Registration Form

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### 5. NEW REGISTRATION

|   |                |   |     |
|---|----------------|---|-----|
| Investor  |                | Co-Investor                               |     |
| Investor/Social Security/Taxpayer ID #  |                | Co-Investor/Social Security/Taxpayer ID # |     |
| Birth Date/Articles of Incorporation (MM/DD/YY)   |                | Co-Investor/Birth Date (MM/DD/YY)         |     |
| Brokerage Account #   | Home Telephone | E-mail Address                            |     |
| <b>Please Indicate Citizenship Status</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien |                |   |     |
| <b>Residence Address</b> (no P.O. Box)  |                |   |     |
| Street Address  | City           | State                                     | ZIP |
| <b>Mailing Address*</b> (if different from above)   |                |   |     |
| Street Address  | City           | State                                     | ZIP |

\* If the co-investor resides at another address, please attach that address.

### 6. BANK AND BROKERAGE INSTRUCTIONS

#### Non-Custodial Ownership

- ☐ I prefer any distribution or liquidation out of DC Industrial Liquidating Trust be deposited directly into the account listed below. *Please note: ACH applies to bank checking and savings accounts only. A physical check will be sent to the broker/dealer for brokerage accounts.*
- ☐ I prefer any distribution or liquidation out of DC Industrial Liquidating Trust be paid by check and sent to the address in Transferee Section 5.

#### Custodial Ownership

- ☐ My distributions or liquidations out of DC Industrial Liquidating Trust will be sent to my custodial account cited in Transferee Section 4.

|  |  |                                    |     |
|--|--|------------------------------------|-----|
| Name of Financial Institution                              |  |                                    |     |
| Street Address   | City   | State                              | ZIP |
| Name(s) on Account   |  |                                    |     |
| ABA Number/Bank Account Number                             |  | Account Number                     |     |
| <input type="checkbox"/> Checking (Attach a voided check.) | <input type="checkbox"/> Savings (Attach a voided deposit slip.) | <input type="checkbox"/> Brokerage |     |

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7. BROKER/DEALER — To be completed by the Registered Representative (RR).

The authorized registered representative of the Broker/Dealer for the new registration confirms by its signature, on behalf of the Broker/Dealer, that the Broker/Dealer is a duly licensed Broker/Dealer and may lawfully offer and sell shares in the state designated as the state of legal residence of the Investor. The undersigned confirms by its signature, on behalf of the Broker/Dealer, that it has reasonable grounds to believe this investment is suitable for the Investor and that it has advised the Investor of all pertinent facts with regard to the liquidity and marketability of the shares.

Name of Registered Representative

Name of Broker Dealer

Street Address

City

State

ZIP

B/D Rep # or CRD #

Registered Representative's Telephone Number

Registered Representative's E-mail Address

8. NEW REGISTRATION/SIGNATURES

As the investor signing below, under penalties of perjury, I certify that 1) The number shown in the New Registration Social Security/Taxpayer ID# field in section 5 of this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or distribution(s), or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person (as defined in the instructions to IRS Form W-9). NOTE: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and distribution(s) on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Investor or Trustee

Signature of Co-Investor or Trustee, if applicable

Date

Signature of Custodian

If signature is by trustee(s), executors(s), administrator(s), guardian(s), attorney(ies)-in-fact, agent(s), officer(s) of a corporation of another acting in a fiduciary or representative capacity, please provide the following information.

Name

Capacity (full title)

Name

Capacity (full title)

A Medallion Signature Guarantee is required for investor/trustee/  
custodian signature(s). A notary public is not an acceptable guarantor.

Guarantor: Affix Medallion Signature Guarantee here.

Please mail this completed form to:

**Direct Overnight Mail:**  
Dividend Capital  
C/O DST Systems Inc.  
430 W. 7<sup>th</sup> Street, Suite 219079  
Kansas City, MO 64105

**P.O. Box:**  
Dividend Capital  
P.O. Box 219079  
Kansas City, MO 64121-9079

Dividend Capital Contact Information:

Phone: 866.DCG.REIT (324.7348)

Web Site: dividendcapital.com

E-mail: operations@dividendcapital.com

NOT A DEPOSIT / NOT FDIC INSURED / NOT GUARANTEED BY THE BANK / MAY LOSE VALUE / NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY