



## Non-Custodial Quarterly Redemption Request Cancellation Form

Please use this form to cancel a previously submitted redemption of shares request. Forms must be received in good order up to three days prior to the end of the quarter.

Investor Name	Co-Investor Name  Co-Investor Social Security/ Taxpayer ID #	
Investor Social Security/ Taxpayer ID #  Street Address		
	City	State ZIP
Brokerage Account Number	Home Telephone	E-mail Address
□ Full redemption.	☐ Partial redemption, number of shares:	
UBSCRIBER SIGNATURES		
By signing below, I am requesting a full cancellat	ion of my previously submitted redemption requ	est of my Industrial Property Trust shares.
Signature of Investor or Trustee		

You may fax this completed form to: 816.374.7420 Or you may mail this completed form to:

Direct Overnight Mail:
Dividend Capital — Industrial Property Trust
C/O DST Systems Inc.
430 W. 7th Street, Suite 219079
Kansas City, MO 64105

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

**Dividend Capital** — Industrial Property Trust Contact Information:

Phone Web Site

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E-mail