



#### IMPORTANT: Transferor/Seller and Transferee/Buyer Sections must be submitted simultaneously.

To be completed by individual transferring/selling Industrial Property Trust shares.

Throughout this form, references to "prospectus" mean the prospectus in effect and as amended and supplemented through the date this form is executed.

Transferor/Seller		Сс	o-Transferor/Seller	ansferor/Seller		
Transferor/Seller Social Secur	Co	Co-Transferor/Seller Social Security/Taxpayer ID #				
Custodian/Trustee Tax ID #, if	applicable					
Brokerage Account #	Home	Telephone	E-mail Address			
Address of Record:						
Street Address		City		State ZIP		
TRANSFEROR/SELLER IN	FORMATION					
Reason for Transfer:	☐ <b>Re-registration</b> (change	of name, individual to trust, e	tc.) Death (Include	le copy of Death Certificate.)		
	☐ <b>Divorce</b> (Include copy of Divorce Decree.)		□ Gift	☐ Gift ☐ Custodian Change		
	☐ <b>Other</b> (please specify):					
Transfer Quantity:	Number of shares to be transferred/sold		☐ Secondary M	☐ Secondary Market Transfer: \$		
TRANSFEROR/SELLER SI	GNATURES					
				ver to assign and transfer such shares and that ler penalty of law, that the reason for transfer		
		Signature of Co-Transferor/Se	eller or Trustee, if applicab	le Date		
Signature of Transferor/Seller	or Trustee	Signature of Co Transferon/Sc				





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#### 4. TYPE OF REGISTRATION

Non-Custodial Ownership	Custodial Ownership — All Custodian signatures required in section 10.				
☐ <b>Individual Ownership</b> — One signature required.	☐ <b>Traditional IRA</b> — Custodian signature required in section 10.				
☐ <b>Transfer on Death</b> — Fill out Transfer on Death Form to effect designation. (Available through your financial advisor)	☐ <b>Decedent IRA</b> — Custodian signature required in section 10.				
$\hfill \Box$ <b>Joint Tenants with Rights of Survivorship</b> — All parties must sign.	Name of Deceased				
☐ Community Property — All parties must sign.	□ <b>Roth IRA</b> — Custodian signature required in section 10.				
☐ <b>Tenants in Common</b> — All parties must sign.	☐ <b>KEOGH Plan</b> — Custodian signature required in section 10.				
□ Corporate Ownership — Authorized signature required. Include copy of corporate resolution. □ C-Corp □ S-Corp □ LLC	☐ Simplified Employee Pension/Trust (SEP) ☐ Governmental Pension or Profit-Sharing Plan — Custodian signature required in section 10.				
☐ <b>Partnership Ownership</b> — Authorized signature required. Include copy of partnership agreement.					
☐ Estate — Personal representative signature required.	□ Non-Governmental Pension or Profit-Sharing Plan — Custodian signature required in section 10.				
	$\hfill\Box$				
Name of Executor Include a copy of the court appointment dated within 90 days.	State of Custodian for				
☐ Taxable Trust Include a copy of the first and last page of the trust.	☐ <b>Other</b> (Specify)				
☐ 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)	(Required for custodial ownership accounts.)				
☐ Non-Governmental Qualified Pension Plan and Profit-Sharing Plan (Non-custodian)	Name of Custodian, Trustee or Other Administrator				
☐ Other (Specify)					
	Mailing Address				
Name of Trustee Include a copy of the first and last page of the plan, as well as Trustee information	City State ZIP  Custodian Information — To be completed by Custodian listed above.				
	Custodian Tax ID #				
	Custodian Account #				
	Custodian Telephone #				
	Special Instructions:				





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5. TRANSFEREE/BUYER						
Transferee/Buyer		Co-Transferee	/Buyer			
Transferee/Buyer Social Security/Taxpayer	Transferee/Buyer Social Security/Taxpayer ID #		/Buyer Social Security/Taxpaye	er ID#		
Birth Date/Articles of Incorporation (MM/DD/YY)		Co-Transferee/Buyer Birth Date (MM/DD/YY)				
Brokerage Account #	Home Telephone	E-m	ail Address			
Please Indicate Citizenship Status	U.S. Citizen	☐ Resident Alien	□ Non-Resident Alien	l		
Residence Address (no P.O. Box)						
Street Address	City		State	ZIP		
Mailing Address* (if different from above	)					
Street Address	City		State	ZIP		
* If the co-transferee/buyer resides at anoth	er address, please attach that addres	s.				
6. TRANSFER INFORMATION						
Transfer Quantity						
Number of shares to be transferred	d/bought	Do you alread	y own Industrial Property Trust	shares?	□ Yes	□ No
7. SUITABILITY — To be completed by th	e individuals who are acquiring sl	hares other than by gift	or operation of law.			
☐ I meet the suitability requirements impo	osed by my state of primary residence	ce as set forth in the prosp	pectus under "Suitability Standa	rds."	Initia	ıls
8. DISTRIBUTIONS						
Non-Custodial Ownership		<b>Custodial Ow</b>	nership			
If you wish to participate in the Distribution complete the "Distribution Reinvestment P			ticipate in the Distribution Rein tribution Reinvestment Plan Fo		ogram ple	ease
below. Please note: ACH applies to ban	☐ I prefer that my distribution be deposited directly into the account listed below. <i>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>		y distribution be sent to my Cus account cited in Transferee/Buy			0
☐ I prefer that my distribution be paid by Transferee/Buyer Section 5.	check and sent to the address in					





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DISTRIBUTIONS (continued)		
Name of Financial Institution		
Street Address	City	State ZIP
Name(s) on Account		
ABA Number/Bank Account Number		Account Number
☐ Checking (Attach a voided check.)	☐ Savings (Attach a voided deposit slip.)	□ Brokerage
The authorized registered representative o is a duly licensed Broker/Dealer and may confirms by its signature, on behalf of the	lawfully offer and sell shares in the state designat	firms by its signature, on behalf of the Broker/Dealer, that the Broker/Dealer ed as the state of legal residence of the Transferee/Buyer. The undersigned believe this investment is suitable for the Transferee/Buyer and that it has ility of the shares.
Name of Registered Representative		
Mailing Address		
Street Address	City	State ZIP
Home Office Mailing Address		
Broker/Dealer Name		Telephone Number
B/D Rep #	Registered Representative's Telephone Num	nber Registered Representative's E-mail Address





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#### 10. TRANSFEREE/BUYER SIGNATURES

Transferee/Buyer acknowledges that unless Transferee is purchasing shares from Industrial Property Trust or is receiving the shares through one or more transactions that are not for cash or other consideration, Transferee will NOT be eligible to participate in the Industrial Property Trust share redemption program. If the shares being transferred to Transferee/Buyer are transferred, directly or indirectly, for value (other than transfers which occur in connection with a non-taxable transaction, such as a gift or contribution to a family trust), then Transferee/Buyer and all subsequent holders of the shares are not eligible, unless otherwise approved by management of Industrial Property Trust in its sole discretion, to participate in the share redemption program with respect to such shares that were transferred for value and any additional shares acquired by such Transferee/Buyer through the Industrial Property Trust distribution reinvestment plan.

Transferee/Buyer, by signing below, certifies and represents that the assignment and transfer effected pursuant to this form is made in accordance with all applicable federal and state laws and regulations.

As the investor signing below, under penalties of perjury, I certify that 1) The number shown in the Transferee/Buyer 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.

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

Dividend Capital — Industrial Property Trust P.O. Box 219079 Kansas City, MO 64121-9079

Dividend Capital — Industrial Property Trust Contact Information:

Phone Web Site E-mail

866.DCG.REIT (324.7348) industrialpropertytrust.com operations@dividendcapital.com

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