JLL Exchange

CHANGE DISTRIBUTION OPTION

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Fund Name: _____

Investor Number: _____

Investor Name: _____

Investor Address: _____

_____

Daytime Phone #: _____

Send Distribution Payment To: *(Assign Applicable Percentage / Must Total 100%)*

Primary Residence: _____ %

Directly to my bank via ACH: _____ % *For ACH - a voided check is required (No deposit slips)*

New Brokerage Account: _____ % *Please complete the information below.*

Name or Title: _____

Brokerage Name: _____

Street Address: _____

City, State & Zip: _____

Account #: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

_____ _____ _____ _____

Investor Signature Date Investor Signature Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

JLL Exchange TRS, LLC
Attention: Investor Services Department
2401 Kerner Boulevard
San Rafael, CA 94901-5569

Print Form

FOR ASSISTANCE IN COMPLETING THIS FORM
PLEASE CALL THE INVESTOR SERVICES DEPARTMENT AT 844-485-4586