

### Complete this form to make the following changes:

**Section 1:** Update Address

**Section 2:** Update Distribution Election

**Section 3:** Update Broker-Dealer/Financial Professional/RIA

**Section 4:** Add Interested Party

To obtain additional forms, establish online access or enroll in e-delivery, please visit [www.msccomefund.com](http://www.msccomefund.com).

If the account is Broker-Controlled by Ameriprise Financial Services Inc, AXA Advisors LLC, LPL Financial LLC or Wells Fargo Clearing Services LLC, **this form cannot be used**. Please contact the appropriate firm for further instructions.

### ACCOUNT INFORMATION

Name(s) on Account	Tax Identification Number / Social Security Number
Account Number <i>(can be found on quarterly statement)</i>	

## 1 UPDATE ADDRESS

### New Physical Address

Address	City/State	Zip
Daytime Phone Number	Email Address	

### New Mailing Address *(if different than physical address)*

Address	City/State	Zip
Daytime Phone Number	Email Address	

## 2 UPDATE DISTRIBUTION ELECTION

**Distribution Election** I hereby elect the distribution option indicated below. *(Select only one)*

**For Custodial held accounts**, if you elect cash distributions, the funds will be sent to the Custodian. *(Select Option C)*

*All Custodial held accounts must include the Custodian signature.*

- ☐ **A. Distribution Reinvestment Plan**
- ☐ **B. Cash/Check Mailed to Address of Record**
- ☐ **C. Cash/Check Mailed to Third Party/Custodian**

Name / Entity Name / Financial Institution		Mailing Address	
City	State	Zip Code	Account Number

- ☐ **D. Cash/Direct Deposit** Please attach a **pre-printed voided check**. *(Non-Custodial Investors Only)*  
 (Note: You may not direct deposit to a brokerage account)

I authorize the Investment or its agent to deposit my distribution into my checking or savings account. This authority will remain in force until I notify the Investment in writing to cancel it. In the event that the Investment deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Financial Institution Name	Mailing Address	City	State
Your Bank's ABA Routing Number	Your Bank Account Number		

**PLEASE ATTACH A PRE-PRINTED VOIDED CHECK**

### 3 UPDATE BROKER-DEALER/FINANCIAL PROFESSIONAL/RIA INFORMATION

#### New Broker-Dealer, Financial Professional or RIA Information

Broker-Dealer / RIA Firm	Financial Professional / Investment Advisor Name		
Mailing Address	City	State	Zip Code
Financial Professional ID Number / CRD Number	Branch Number / IARD Number		
Email Address	Telephone Number		

### 4 ADD INTERESTED PARTY *(Optional Designation)*

An interested party will receive additional mail copies and has the ability to access account information by calling Hines Investor Relations.

Interested Party Name		
Interested Party Mailing Address		
City	State	Zip Code
Phone Number	Email Address	

### 5 AUTHORIZATION AND SIGNATURE(S)

I hereby authorize you to update my account information as indicated above. The signature(s) of each person(s) authorized to transact business on the account(s) referenced above is required and must correspond exactly with the name(s) registered on the account.

My signature below indicates that I have read the foregoing and agree to the terms herein. For investors electing to participate in the Distribution Reinvestment Plan (DRP) your signature below also indicates that you make the following representations and warranties to the Investment or Investments, as applicable: I/We: (a) confirm that a copy of the applicable final Investment Prospectuses, as amended has been delivered or made available to me; (b) have (i) a minimum net worth (not including home, home furnishings and personal automobiles) of at least \$250,000, or (ii) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000, or that I/we meet the higher suitability requirements imposed by my/our state of primary residence as set forth in the applicable Investment Prospectuses under "SUITABILITY STANDARDS"; (c) acknowledge that there is no public market for the Shares and, thus, my/our investment in the shares is not liquid; and (d) am/are purchasing the shares for my/our own account.

Investors participating in the Distribution Reinvestment Plan, agree that, if they experience a material adverse change in their financial condition or can no longer make the representations or warranties set forth above, they are required to promptly notify the Investment(s) and the Broker-Dealer in writing.

Investor Name (Please Print)	Signature	Date
Co-Investor Name (Please Print)	Signature	Date

#### **Custodian Authorization** *(if applicable)*

**Custodial Authorization only required when updating  
Distribution Election on Custodial Held accounts.**

\_\_\_\_\_  
Signature of Authorized Person

**Return to:** Hines Investor Relations ■ P.O. Box 219010 ■ Kansas City, MO 64121-9010

**Overnight Delivery:** Hines Investor Relations ■ 430 W. 7th St. ■ Kansas City, MO 64105

**Hines Investor Relations:** 888.220.6121

**Fax Number:** 877.616.1114