

Gladstone Commercial Corporation (“GOOD”, or the “Company”) will redeem shares of its 6.0% Series F Cumulative Redeemable Preferred Stock (“Series F Preferred” or “Shares”) on a continual basis subject to certain limitations. Please allow sufficient time for processing upon a submission of a redemption request that is complete and in good order. Requests will be processed in the same order in which they were received.

Cash redemption proceeds will be remitted based upon instructions provided on the redemption form for delivery to your brokerage account. The default payment method is via check. A wire can be requested but a \$100 fee will be deducted from the payment to the shareholder; however, ACH is not permitted.

GOOD’s transfer agent, Computershare, may coordinate further with the investor, based upon the information provided, to properly deliver redemption proceeds. Individual redemption forms are specific to an account, so multiple forms would need to be submitted for multiple accounts.

All redemptions are completed at \$22.50 per share.

For all redemptions, include the following documents:

1. Completed redemption form (**PLEASE NOTE: a Medallion Guarantee Stamp is required for all redemption forms**),
2. Form W-9 (US resident) or Form W-8 (non-US resident), and
3. Recent statement showing ownership of the GOOD preferred shares if held in a brokerage account.
4. **If trust redemption**, must include a copy of the trust document
5. **If death redemption**, must include a certified copy of the death certificate and a certified copy of the powers appointing the executor of the estate.

Please send all completed redemption requests to the following address:

Gladstone Securities
 ATTN: Gladstone Commercial Series F Redemptions c/o John Kent
 1521 Westbranch Drive, Suite 100
 McLean, VA 22102

**For questions regarding completing this redemption form, please contact:
 COMPUTERSHARE at (866) 498-2564**

1. REDEMPTION REQUEST

Number of Series F Preferred Shares for Redemption: _____ Date of Purchase: _____	<u>Select One:</u> Full Redemption Partial Redemption	<u>Select One:</u> Standard Redemption at \$22.50/Share Death Redemption at \$25.00/Share
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2. INVESTOR INFORMATION

Investor Name:	Social Security # or Tax ID:		
Co-Investor Name (if any):	Social Security # or Tax ID:		
Address:	City:	State:	Zip Code:
E-mail Address:	Daytime Phone Number:		

IRS Form W-9 Certification

I declare that the information supplied in this Subscription Agreement is true and correct and may be relied upon by the Company in connection with my investment in the Company. I hereby certify, under penalty of perjury, that (i) the number shown as the Investor Social Security Number, Trust Tax ID and/or Taxpayer Identification Number in Section 3 of this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (ii) I am not subject to backup withholding either because (a) 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 dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding, (iii) I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and (iv) the FATCA code(s) entered on this form, if any, indicating that I am exempt from reporting is correct. Exemption codes apply only to certain entities, not individuals.

Exempt payee code (if any): _____

Exemption from FATCA reporting code (if any): _____

NOTE: CLAUSE (ii) IN THIS CERTIFICATION SHOULD BE CROSSED OUT 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 DIVIDENDS ON YOUR TAX RETURN.

3. REDEMPTION PROCEEDS INSTRUCTIONS

<input type="checkbox"/>	Have cash remitted via check to the following address	Name & Address:		If third party, include Account #:
<input type="checkbox"/>	Have cash remitted to the following third party bank account via wire*	Bank Name:	Routing #:	Account #:
		Account Name:	Reference:	

* **PLEASE NOTE: If the information is either incorrect or incomplete and, as a result, the wire transfer is not accepted or it is returned by the bank, a check will be issued in lieu of the wire transfer. Note, the non-accepting bank might deduct a processing fee from the redemption proceeds which will be reflected in the amount of the check.**

4. INVESTOR ACKNOWLEDGEMENTS & SIGNATURES

The undersigned is the owner (or duly authorized agent of the owner) of the shares presented for redemption and is authorized to present the shares for redemption. The shares presented for redemption are eligible for redemption pursuant to the prospectus. The shares are fully transferable and have not been assigned, pledged, or otherwise unencumbered in any way. The undersigned acknowledges that the Company has the right to suspend or terminate the redemption program at any time. The undersigned acknowledges that the redemption price is \$22.50 per share, which represents a discount to the purchase price. The undersigned hereby indemnifies and holds harmless Gladstone Commercial Corporation, and its respective officers, directors and agents from and against any liabilities, damages, expenses including reasonable legal fees, arising out of or in connection with any misrepresentation made herein.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Investor Signature				Custodian (if Qualified Account)			
Co-Investor Signature (if any)				Custodian Signature			
Date:	Month	Day	Year	Date:	Month	Day	Year

Medallion Signature Guarantee

Accepted By: _____
(Authorized Signature)

5. ADVISOR INFORMATION

Advisor Name:			
Address:	City:	State:	Zip Code:
E-mail Address:	Daytime Phone Number:		

6. BROKER DEALER / CUSTODIAN INFORMATION

Broker Dealer Name:			
Operations Contact:			
Address:	City:	State:	Zip Code:
E-mail Address:	Daytime Phone Number:		
Clearing Firm:			
DTC Participant Number:			
DTC Participant Name (Firm):			
DTC Participant Contact Name:	Phone Number:	E-mail Address:	

7. BACK OFFICE USE ONLY

Date Received:	Month	Day	Year	Payment Type:
Date Completed:	Month	Day	Year	
Date Submitted for Payment:	Month	Day	Year	
Notes:				