

Transfer on Death Beneficiary Authorization Form

Complete this form to update or add beneficiary information on your existing Transfer on Death, Individual or Joint with Rights of Survivorship account(s). Not available for Louisiana and Puerto Rico residents.

ACCOUNT IN	ACCOUNT INFORMATION					
Name(s) on the Ad	ccount					
Account Number				Tax Identification Number	/ Social Security Number	
RANSFER O	N DEATH B	ENEFICIARY INFO	DRMATION (Benefi	iciary Date of Birth required. Whole percen	tages only; must equal 1009	
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	Primary Second	
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	Primary Second	
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	☐ Primary ☐ Second	
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	☐ Primary ☐ Second	
o transact business on the account(s) referenced above is required and musicall Signatures must be notarized or Signature Guaranteed) Current Investor Name (Please Print) Signature			anteed)	Date		
Current Co-Invest	or Name (Please	Print)	Signature		Date	
				Signature Guar (Affix Medallion or Signature Gua		
Notary Public Si	ignature			y mix modulies. S. S.g. a.a. 2	untoo otamp 20.0	
Commission Exp	piration Date					
(Notary Seal)						

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