BLUEROCK Total Income+ Real Estate Fund™

ACCOUNT UPDATE FORM

4.) DISTRIBUTION INSTRUCTION

Investor Services must be in receipt of this form 30 days prior to declaration of the distribution. This authorization will supersede any previous distribution instructions.

☐ **Cash** _____ **%**

☐ **DRP** _____ **%**

TOTAL = 100%

PLEASE CHECK ALL THAT APPLY:

☐ **Elect Direct Deposit/Change Banking Information**

☐ **Discontinue Direct Deposit**

☐ **Elect Distribution Reinvestment Plan**

☐ **Discontinue Distribution Reinvestment Plan**

☐ **Mail Distribution Checks to Address of Record**

☐ **Mail Distribution Checks to Financial Institution**

- Direct Deposit is not available for investments made through brokerage or custodial held accounts.
- When initiating Direct Deposit, you are required to submit either a voided check or letter from the designated financial institution which verifies the direct deposit instructions.
- By electing to have my distributions reinvested in the Distribution Reinvestment Plan, I agree that I have read the Prospectus and have reviewed the Distribution Reinvestment Plan for the investment designated above.
- If you participate in the Distribution Reinvestment Plan we request that you notify the above referenced investment(s) and your broker-dealer in writing at any time there is a material change in your financial condition, including failure to meet the minimum income and net worth standards as set forth in the prospectus of the above referenced investment(s).
- Changes to custodial accounts require a Medallion Guarantee stamp or appropriate authorization from the custodian.

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION

ACCOUNT NUMBER

MAILING ADDRESS

CITY | STATE | ZIP CODE

DIRECT DEPOSIT INFORMATION

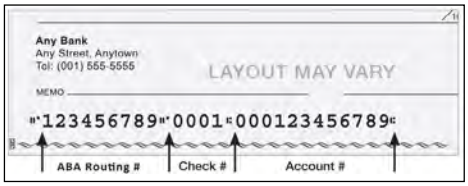
The above referenced investment(s) is (are) authorized to deposit my (our) distribution directly into the account specified on this form. The authority will remain in force until I (we) have given written notice that I (we) have terminated it, or until the above referenced investment(s) has (have) notified me (us) that this deposit service has been terminated. In the event that the above referenced investment(s) deposit(s) funds erroneously into my (our) account, it is (they are) authorized to debit my (our) account for an amount not to exceed the amount of the erroneous deposit.

Select One:

☐ Checking Account (voided check **REQUIRED**)

☐ Savings Account

9-DIGIT ROUTING/ABA NUMBER (see example)



5.) SIGNATURES

All Registered Account Owners are Required to Sign

ACCOUNT OWNER SIGNATURE | DATE

x

JOINT ACCOUNT OWNER OR AUTHORIZED SIGNATURE OF CUSTODIAN | DATE

x

CUSTODIAL ACCOUNTS REQUIRE A MEDALLION GUARANTEE STAMP OR APPROVAL FROM THE CUSTODIAN