

## **Account Update Form**

This form may be used by any current KBS investor invested in one of the KBS REITs listed below to update the mailing address, distribution methods, delivery elections or financial representative information. **If you have questions, please call (866) 584-1381.** 

Effective Date of Change:						
1. KBS REIT(S) – Changes requested will be applied to all	REITs selected					
☐ KBS Real Estate Investment Trust III, Inc. ☐ KBS Growth & Income REIT, Inc.						
2. PLEASE SELECT CHANGES AND COMPLETE ALL R	EQUIRED SECTIONS					
Address Change Distribution Change Electronic Deli Sections 3, 4 & 7 Sections 3, 5, 7 & 8 Sections 3, 4 & 7						
For custodial-held account, please send form to Custodian to complete Section 9						
3. INVESTOR INFORMATION (Investors/Trustees/Authoriz	zed Individuals)					
KBS Account No.						
Investor Name	SSN/Tax ID					
Co-Investor Name	SSN/Tax ID					
ENTITY REGISTRATION* (Trust/Corporation/Partnership/Plan, etc.):						
Registration Title	Taxable ID					
*Documents identifying the name of entity, authorized signers, and signatures are required						
4. NEW MAILING ADDRESS						
Enter the mailing address and telephone numbers of the registered owner(s) of the investment. Partnerships, corporations and other organizations should include the name of an individual to whom correspondence should be addressed.						
Please select which type of address to be changed:   Legal or   Mailing						
Address	City					
	State Zip Code					
Phone (Day)	Go Paperless! Provide your e-mail address below to receive account statements and other investor					
Phone (Evening)	communications electronically **					

\*\* By providing your e-mail address above, you are electing electronic delivery. KBS will make certain investor communications available on its website at www.kbs-cmg.com and notify you via e-mail when such documents are available. Investor communications that may be delivered electronically include account statements, tax forms, annual reports, acquisition updates, proxy statements and other investor communications.

By electing electronic delivery, you agree that you have the appropriate hardware and software to receive email notifications and view PDF documents. You understand you may incur certain costs associated with downloading and printing investor documents. Electronic delivery also involves risks related to system or network outages that could impair your timely receipt of or access to your documents. KBS may choose to send one or more items to you in paper form despite your consent to electronic delivery. You may also request a paper copy of any particular investor document. Your consent will be effective until you revoke it by either changing your delivery preference online at www.kbs-cmg.com, under the Investor Log-In option or by contacting KBS REITs at (866) 584-1381.



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#### 5. DISTRIBUTION INFORMATION (Choose one or more of the following options)

Complete this section to enroll in the Dividend Reinvestment Plan, to elect to receive distributions by direct deposit and/or to elect to receive distributions by check. If you elect direct deposit, you must attach a voided check with this completed form (unless you currently have a portion of your distributions directly deposited into the same account and you are only changing the allocation amount). If the Dividend Reinvestment Plan is available, you can choose to have all, or a portion of your distributions reinvested through the Dividend Reinvestment Plan. You must indicate the percentage of your distribution to be applied to each option selected and the sum of the allocations must equal 100%. Distributions in IRA accounts may not be directed without the Custodian's approval.

**PLEASE NOTE:** If you elect to participate in the Dividend Reinvestment Plan, you must agree that if at any time you fail to meet the applicable investor suitability standards or cannot make the other investor representations or warranties set forth in the latest Prospectus (as supplemented) or the Subscription Agreement relating to such investment, you will promptly notify KBS in writing of that fact. Please consult your Financial Representative if you have had any material changes which might affect your ability to meet the applicable suitability requirements.

If this is your initial election to participate in the Dividend Reinvestment Plan, then by signing in section 7, you represent to KBS that (i) you have received a copy of the latest Prospectus (as supplemented) and (ii) you have (a) a minimum net worth (exclusive of home, home furnishings and personal automobiles) of at least \$250,000 or (b) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000, and, if applicable, you meet the higher net worth and gross income requirements imposed by your state of primary residence as set forth in the current Prospectus under "Suitability Standards" or any Supplement to the Prospectus.

If you select more than one option, you must indicate the percentage of your distribution to be applied to each option and the sum of the allocations **must** equal 100%.

Custodial held accounts: Cash distributions will be paid directly to the custodian unless otherwise approved by the custodian.

						% of distribution	
☐ I prefer to participate	e in the Divid	dend Reinvestment Plan, a	s described i	n the current offering doc	ument*		
☐ Send distributions v	ria check to ⁻	Transferee's home address	(not available	without custodial approval)			
☐ Send distributions v	via check to	alternate payee listed here	(not available	without custodial approval)			
Name							
Address							
City			State		Zip Code		
Account No.							
☐ Direct Deposit (Attach Voided Check or Deposit Slip) I authorize KBS to deposit my distributions in the checking or savings account (not available for brokerage accounts) identified below. This authorization will remain in force until I notify KBS in writing to cancel it. In the event KBS deposits funds in error into my account, KBS is							
•		an amount not to exceed th			•		
Financial Institution Na	me					Checking Saving	
ABA/Routing No.			A	Account No.			
6. NEW BROKER	-DEALER	OR REGISTERED R	EPRESEN	ITATIVE INFORMA	TION		
Broker-Dealer Name							
Representative Name					Rep No.		
Representative's Comp	oany Name						
Representative's Addre	ess						
Rep's City			State		Zip Code		
Rep's Phone No.			Fax No.		L		
Rep's E-mail Address							



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7. AUTHORIZED SIGNATURE(S) OF INVESTOR (MUST BE SIGNED BY ALL INVESTORS)							
Printed Name of Investor	Signature of Investor	Date					
Printed Name of Co-Investor	Signature of Co-Investor	Date					
8. FINANCIAL REPRESENTATIVE SIGNATURES							
representative of the stockholder's Registered Investment Advisor complete the order. The Registered Representative hereby warrant sell shares of common stock in the state designated as the stockhologuch advisor is either registered under the Investment Advisers A Investment Advisor agrees to maintain records of the information us for the stockholder for a period of six years. The undersigned confirmed Advisor (i) has reasonable grounds to believe that the information accorrect and complete in all respects; (ii) has discussed such stockholder of all pertinent facts with regard to the liquid the investment in the shares; (iv) has delivered the Prospectus (as sthat the stockholder is purchasing these shares for his or her own shares through the stockholder's initial election to participate in, or is a suitable and appropriate investment for such stockholder, the stockholder as set forth in the Prospectus (as supplemented), that realize the benefits of such an investment and to bear the economic stockholder has an apparent understanding of the fundamental ris liquidity and restrictions on transferability of the shares and the tax of	is that he or she and the Broker-Dealer are duly licensed and lder's legal residence. The Registered Investment Advisor ct of 1940 or exempt from registration. The Broker-Deale sed to determine that the investment in shares is suitable and solve the sed to determine that the Broker-Dealer or Register and representations concerning the stockholder identified licensistic prospective purchase of shares with such stock idity and marketability of the shares and other fundamental supplemented) to such stockholder; (v) has reasonable grounds to believe that the increased participation in, the Dividend Reinvestment Plan hat such stockholder is in a financial position to enable such risk and suffer any loss that may occur with respect theretoks of the investment, the risk of losing the entire investment.	nd may lawfully represents that or Registered and appropriate and appropriate and livestment herein are true, holder; (iii) had risks related to unds to believe he purchase of , as applicable, licable to such stockholder to b, and that such					
Name of Financial Representative	Signature of Registered Representative	Date					
9. CUSTODIAN/ADMINISTRATOR AUTHORIZATION	ON (required for custodial-held accounts)						
Investments through Custodial accounts must be signed by Custodian/Ac Stamp accompanied by the Corporate Resolution with Authorized Signo	Iministrator with a Medallion Signature Guarantee or the Custod	ian's Authorization					
Signature of Custodian/Administrator Date	Custodian Stamp Here						
	Custodian Authorization Stamp – REQUIRED						

### Completed Account Update Forms should be sent to:

Regular Mail Address: KBS Real Estate Investments Trusts, c/o DST Systems, Inc., PO Box 219015, Kansas City, MO 64121-9015 Overnight Mail Address: KBS Real Estate Investment Trusts, c/o DST Systems, Inc., 430 W. 7th Street, Kansas City, MO 64105

Should you have questions, please call (866) 584-1381.

DOCUMENT FAX ACCEPTABLE\*\* - FAX FORM TO (877) 593-1115

\*\*Medallion Signature Guaranteed form must be mailed to KBS at the address above