



DISTRIBUTION MODIFICATION REQUEST

This form may be used by any current investor in Bluerock Residential Growth Series B Redeemable Preferred Stock & Warrants to elect to receive distributions from the Company by ACH direct deposit, by check to address of record, or to a brokerage account.

Complete and deliver this form to:

Regular Mail:
Computershare Trust Company, N.A.P.O,
PO Box 43011
Providence, RI 02940-3011

Overnight Delivery:
Computershare Trust Company, N.A.
250 Royall Street, Suite V
Canton, MA 02021

Authorized signature(s) required. All parties must sign.

1. INVESTMENT REGISTRATION NAME AND ADDRESS (MUST MIRROR CURRENT REGISTRATION)

Name of Owner, Tax ID/SSN, Name of Joint Owner, Tax ID/SSN, Computershare Account #, Email Address, Street/P.O. Box, City, State, Zip Code, Daytime Phone, Evening Phone

2. DISTRIBUTIONS - Please select only one of the following options:

Distribution Options for Non-Qualified Accounts (Select only one)

- I choose to have distributions mailed to me at the address listed in Section 1.
I choose to have distributions mailed to me at the following address:
I chose to have distributions deposited in a checking, savings, or brokerage account.

I authorize the Company or its agent to deposit my distribution to the account indicated below. This authority will remain in force until I notify the Company in writing to cancel it. In the event the Company deposits funds erroneously into my account, the Company is authorized to debit my account for the amount of the erroneous deposit.

Name of Financial Institution, Bank's ABA Routing #, Account #, Name on the Account or FBO, Account type: Checking, Savings, Brokerage, Mailing Address, City, State, Zip Code

Please attach a pre-printed voided check. The deposit service above cannot be established without a pre-printed voided check. For Electronic Funds Transfers, the signature of the bank account owner(s) must appear exactly as they appear on the bank registration. If the registration at the bank differs from that on this Subscription Agreement, all parties must sign below.

3. INVESTOR SIGNATURES

My signature below indicates I have read the foregoing and agree to the terms herein. I hereby designate the authorized financial advisor indicated above as my authorized representative for shares or units purchased from the Program with selling commissions paid at the applicable rate (which requires financial advisor signature above) and disclaims any other person as being such an authorized advisor.

Signature of Investor or Authorized Person, Signature of Joint Owner, Trustee, or Authorized Person, Date