



### DISTRIBUTION MODIFICATION REQUEST

This form may be used by any current investor in Bluerock Residential Growth Series T Redeemable Preferred Stock 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 delvier 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.  
150 Royall Street  
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 (if applicable) \_\_\_\_\_ Tax ID/SSN \_\_\_\_\_

Computershare Account # \_\_\_\_\_ Email Address \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

### 2. DISTRIBUTIONS OPTIONS FOR NON-QUALIFIED ACCOUNTS (Select only one)

I (we) hereby subscribe for the Shares of Bluerock Residential Growth REIT, Inc. and elect the distribution option indicated below (choose one fo the three options):

**I choose to have distributions reinvested under the Series T Dividend Reinvestment Plan.**

**I choose to have distributions mailed to me at the address listed in Section 3.**

**I choose 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 to cancel it. In the event that the Company deposits funds erroneously into my account, the Company is authorized to debit my account for the amount of the erroneous deposit.

Account Type:  Checking  Savings  Brokerage

Name of Financial Institution: \_\_\_\_\_

Your Account #: \_\_\_\_\_

Your Bank's ABA Routing #: \_\_\_\_\_

Name on Account or FBO: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Please attach a pre-printed, voided check.**

**The deposit services above cannot be established without a pre-printed, voided check.** For Electronic Funds Transfer, the signatures of the bank account owners(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.

\_\_\_\_\_  
Signature of Individual/Trustee/Beneficial Owner

\_\_\_\_\_  
Signature of Joint Owner/Co-Trustee

\_\_\_\_\_  
Date

### 3. INVESTOR SIGNATURES

My signature below indicates I have read the foregoing and agree to the terms herein.

\_\_\_\_\_  
Signature of Investor or Authorized Person

\_\_\_\_\_  
Signature of Joint Owner, Trustee, or Authorized Person

\_\_\_\_\_  
Date