



INVESTOR CHANGE OF ADDRESS

This form may be used by any current investor in Bluerock Residential Growth Series B Redeemable Preferred Stock & Warrants to change the Investor’s address for delivery of information and distributions.

Complete and deliver this form to:

Regular Mail:
Computershare Trust Company, N.A.
PO Box 43007
Providence, RI 02940-3007

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 _____

2. INVESTOR ADDRESS CHANGE INFORMATION – Please provide current and new address

Current Address

New Address

Street/P.O. Box _____

Street/P.O. Box _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Email Address _____

Email Address _____

Phone # _____

Phone # _____

3. AUTHORIZATION

The undersigned hereby instructs and authorizes information and distributions for the Program and Social Security or Tax ID Number identified in Section 1 & 2 of the form to be sent to the new address provided above on or after this form is processed by the Program. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the Program. If the Investor currently has direct deposit of distributions, the Program shall continue to comply with the Investor’s existing instructions. To change any direct deposit information, please use the Distribution Modification Form.

4. 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