



CHANGE OF ADVISOR/BROKER-DEALER

This form may be used by any current investor in Bluerock Residential Growth Series T Fund to change the Investor's financial advisor or broker-dealer of record.

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, Ste. 101
Canton, MA 02021

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

1. INVESTMENT REGISTRATION NAME AND ADDRESS

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. NEW FINANCIAL ADVISOR

The undersigned broker-dealer or authorized representative warrants that it is a duly licensed registered representative or non-commissioned based financial advisor and may lawfully offer shares or units of the Program in the state designated as the Investor's address or the state in which the sale is to be made, if different. The broker-dealer or authorized representative warrants that he/she has (a) reasonable grounds to believe this investment is suitable for the Investor as defined in Section 3(b) of the Rules of Fair Practice of the FINRA Manual, and (b) verified that the Investor and, if held through a beneficial arrangement for the Investor, the registered owner of securities of the Program do not appear on the Office of Foreign Assets Control list of foreign nations, organizations and individuals subject to the economic and trade sanctions.

Broker-Dealer Name _____ Phone # _____
Financial Advisor Name _____ Financial Advisor # _____ Phone# _____
Financial Advisor Address _____ City _____ State _____ Zip Code _____
Financial Advisor Email Address _____

The investment sponsor may use this address to provide an email notification receipt of the subscription and additional information about the investment program.

Signature of Financial Advisor _____ Date _____

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