

TITLE TRANSFER - TRANSFEROR

Full Name of Fund

Number of Shares to be Transferred

TRANSFEROR (SELLER'S) INFORMATION:

Investor Number Title

Investor Address

Phone # Investor Tax ID

CUSTODIAN INFORMATION (for qualified retirement plans):

Custodian Name

Custodian Address

Phone # Custodian Tax ID

By executing this form the transfer(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation.

REASON FOR TRANSFER (check one):

- Re-registration (name change, divorce, individual to trust, etc)
- Sale
- Death
- Gift
- Other (please specify)

Transferor Signature Date

Transferor Signature Date

Custodian Signature for Qualified Plans Date

PLEASE PRINT AND MAIL TO:

Transfer fee of \$37.50 made payable to Phoenix Transfer, Inc. is required upon submission.

Shopoff Realty Investments
Attention: Investor Services Department
2401 Kerner Boulevard
San Rafael, CA 94901-5569



Medallion Signature Guarantee Required

California Residents: It is unlawful to consummate a sale or transfer of limited partnership interests or any interests therein, or to receive any compensation therefore, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.

TITLE TRANSFER - TRANSFEREE

Full Name of Fund

Number of Shares to be Transferred

TRANSFEREE (BUYER'S) INFORMATION:

Investor Number Title
 Address Phone #
 Tax ID

Check one: US Citizen Country of Residence

CUSTODIAN INFORMATION (if applicable):

Custodian Name Tax ID
 Custodian Address Phone #
 Acct #

REGISTRATION TYPE (check one):

Individual Joint Tenants Tenants in Common Trust Community Property
 Partnership Corporation UGMA (State) UTMA (State) IRA
 Sep IRA Roth IRA Profit Sharing Plan Pension Plan
 Other (specify)

BROKER DEALER INFORMATION:

Representative Name Rep Email
 Broker Dealer Affiliate
 Branch Address Rep Phone #
 Rep Fax #

DISTRIBUTION INFORMATION (For taxable accounts. Non-taxable distributions will be sent to the custodian of record):

Check One: Primary residence To my bank via ACH*
 Brokerage Account: Broker Acct #
 Address Phone #

*If ACH is selected, a voided check is **required**; **NO** deposit slips.

By executing this form, the transferee(s) represent that they have received and/or reviewed the Prospectus and the other filings made by the Fund Sponsor with the Securities and Exchange commission.

 Transferee Signature Date

 Transferee Signature Date

 Custodian Signature (if applicable) Date



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