

TITLE TRANSFER - TRANSFEROR

Full Name of Fund: _____

Number of Shares to be Transferred _____

TRANSFEROR (SELLER'S) INFORMATION:

Investor Number _____ Title _____

Investor Address _____

Email Address _____

By providing your email address, you are opting in to receive electronic communications

Phone # _____ Investor Tax ID _____

CUSTODIAN INFORMATION:

Custodian Name _____

Custodian Address _____

Phone # _____ Custodian Tax ID _____

By executing this form, the transferor(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 (Please include Price per Share or Unit) _____

Death

Gift

Other (please specify) _____

Transferor Signature _____ Date _____ Transferor Signature _____ Date _____

Custodian Signature (if applicable) _____ Date _____

PRINT AND MAIL TO:

Transfer fee of \$70.00 payable to
Vistra USA LLC is required upon submission

Regular / Overnight Mail:

Shopoff Realty Investments
c/o Vistra USA LLC
125 E Sir Francis Drake Blvd Suite 301
Larkspur CA 94939-1820



Medallion Signature Guarantee Required

TITLE TRANSFER - TRANSFEREE

Full Name of Fund: _____

Number of Shares to be Transferred _____

TRANSFEREE (BUYER'S) INFORMATION:

Investor Number _____ Title _____

Address _____ Phone # _____

Email _____ Tax ID _____

By providing your email address, you are opting in to receive electronic communications

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 _____

Medallion Signature Guarantee Required

SUBSTITUTE W-9: I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on this Transfer Form is true, correct and complete, (ii) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person.

FOR ASSISTANCE IN COMPLETING THIS FORM