

Redemption Request

This form may be used to request redemption of shares of common stock of NorthStar Healthcare Income, Inc. ("The Company"). You should carefully review the complete terms of the share repurchase program as set forth in the Company's current prospectus, as supplemented to date (the "Prospectus"). Please call 877.940.8777 with questions.

- A. Unless the shares are being repurchased in connection with a stockholder's death or qualifying disability, we may not repurchase shares unless you have held the shares for one year.
- B. Repurchase of shares of our common stock will be made quarterly upon written request to us at least 15 days prior to the end of the applicable quarter. Repurchase requests will be honored approximately 30 days following the end of the applicable quarter, which we refer to as the repurchase date. Stockholders may withdraw their repurchase request at any time up to three business days prior to the repurchase date. We are not obligated to repurchase shares of our common stock under the share repurchase program. We presently intend to limit the number of shares to be repurchased to the lesser of (i) 5.0% of the weighted average number of shares of our common stock outstanding during the prior calendar year or (ii) those that could be funded from the net proceeds of the sale of shares under the distribution reinvestment plan in the calendar quarter in which the repurchase request was made.
- C. We cannot guarantee that the funds set aside for the share repurchase program will be sufficient to accommodate all requests made in any quarter. In the event that we do not have sufficient funds available to repurchase all of the shares of our common stock for which repurchase requests have been submitted in any quarter, we plan to first repurchase shares of our common stock submitted in connection with a stockholder's qualifying death or disability and thereafter to repurchase all other shares of our common stock on a pro rata basis on the repurchase date. In addition, if we repurchase less than all of the shares subject to a repurchase request in any quarter, with respect to any unredeemed shares, we will seek to honor your request in a future quarter, if possible, when such repurchases can be made pursuant to the limitations of the share repurchase program when sufficient funds are available, unless you withdraw your request for repurchase. Such pending requests will be honored on a pro rata basis.

1. Account Owner Information

Investor/Trustee/Authorized Signer (please print)

SSN/TIN

NorthStar Account Number

Co-Investor/Co-Trustee/Co-Authorized Signer (if applicable)

SSN/TIN

Custodian's Account Number (if applicable)

2. Type Of Redemption Being Requested

Death or "Qualifying Disability" Redemption: By signing below I represent and warrant that: (i) these shares are being redeemed in conjunction with the death of the stockholder(s) or a "qualifying disability" of the stockholder(s) as defined in the Prospectus (and a copy of the certified death certificate or proof of disability accompanies this request); (ii) I have the legal authority to request the redemption of these shares and these shares are owned free and clear of any pledge, security interest, lien, charge, claim, option, right of first refusal on transfer of any nature whatsoever, with no defects of title whatsoever; (iii) I understand and agree that the current redemption price per share is the lesser of the price paid for the shares or our estimated value per share; and (iv) I understand that I may be instructed to provide additional documentation in order to accomplish this redemption.

3. Redemption Amount

Full Redemption

Partial Redemption

PLEASE INDICATE THE PARTIAL REDEMPTION AMOUNT USING ONE OF THE OPTIONS BELOW

% of Shares
to be Redeemed

of Shares
to be Redeemed

Net Dollar Amount
to be Redeemed

4. Payee Instructions

- Send redemptions via check to my address or custodian of record.
- Send redemptions via ACH to my bank on record.
- Send redemptions via check to alternate payee listed here (not available for qualified plans without custodial approval):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	City/State/Zip

- Send redemptions via ACH to third party bank listed here (please attach a voided check for verification):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution	Account Number	ABA Routing Number

5. Authorized Signatures **ALL SIGNATURES MUST BE MEDALLION SIGNATURE GUARANTEED**

My signature below indicates that I agree to the terms of hereof and the terms of the share repurchase program. All parties must sign and signatures must be medallion signature guaranteed. Investments through IRA/Custodian accounts must be signed by the Custodian.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Investor/Trustee/Authorized Signer	Date	Signature of Co-Investor/Co-Trustee/ Co-Authorized Signer/Custodian	Date

Medallion Signature Guarantee -
INVESTOR/TRUSTEE/AUTHORIZED SIGNER

Medallion Signature Guarantee -
CO-INVESTOR/CO-TRUSTEE/CO-AUTHORIZED SIGNER

Medallion Signature Guarantee - **CUSTODIAN**