

## Transfer on Death (TOD) Beneficiary Designation

DST Systems, Inc. (Transfer Agent for NorthStar Healthcare Income, Inc.) reserves the right to allow the following rules to apply to a TOD registration:

- A TOD may only be held on Individual or Joint Tenants with Right of Survivorship (JTWROS) registrations (not as an estate, trust, IRA, etc.).
- The TOD beneficiary must be an individual or entity and cannot be the JTWROS person.
- The TOD beneficiary must be names on this form; "spouse" or "children" is NOT an acceptable designation.
- If you wish to have more than one beneficiary, the total investment amount will be divided into separate investments for each beneficiary designated. You must indicate the number of whole percentages for each beneficiary. (Add more lines if necessary).

<b>1. Current Investor Registration</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Investor/Trustee/Authorized Signer	SSN/TIN	DOB (mm/dd/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Investor/Co-Trustee/Co-Authorized Signer	SSN/TIN	DOB (mm/dd/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	E-mail	

<b>2. Transfer on Death Designation</b>						
<b>By signing below, I/we request that my/our investment be registered in "transfer on death" form, and designate the following beneficiary(ies) as the one(s) to whom the investment shall pass after I am/we are deceased. Shares will be divided equally if percentages are not specified.</b>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Beneficiary	Relationship	SSN/TIN	DOB (mm/dd/yy)	Share %	P	C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Beneficiary	Relationship	SSN/TIN	DOB (mm/dd/yy)	Share %	P	C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Beneficiary	Relationship	SSN/TIN	DOB (mm/dd/yy)	Share %	P	C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Beneficiary	Relationship	SSN/TIN	DOB (mm/dd/yy)	Share %	P	C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Beneficiary	Relationship	SSN/TIN	DOB (mm/dd/yy)	Share %	P	C

**By signing below, I (we) make the following warranties, representations and agreements:**

- NorthStar Healthcare Income, Inc. (Company) is not required to re-register the investment in the name of the beneficiary(ies) unless the Company has received such documents as required to establish that I am (we both are) deceased.
- Company is not responsible for determining the tax consequences of the decision to register this investment to requested beneficiary(ies).
- I (we) agree to hold harmless, indemnify and defend Company and its agents for any claim, loss, or liability resulting from (i) breach of any warranty or representation in this agreement and/or (ii) any action Company takes in connection with the registration, any re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary, made as requested or authorized under this agreement.
- If this agreement is established under JTWROS account status, upon death of one of the owners, ownership shall pass to the surviving joint owner, and Company may follow the instructions of the survivor with regard to this investment, including without limitation, instructions to (i) terminate transfer on death registration or (ii) change owner to beneficiary.
- If I am married and established the account individually, or jointly and the joint applicant is not my spouse, my spouse's waiver has been executed by signing below.
- Company has not provided any legal advice to me (us), and I (we) agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my state, and its affect on my estate and tax planning.

<b>3. Authorized Signatures</b>			
<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 (or spouse if community property State)	Date