

# SUBSCRIPTION AGREEMENT FOR SHARES OF HINES GLOBAL INCOME TRUST

for U.S. Bancorp Investments, Inc.

For assistance completing this form, contact Hines Investor Relations at 888.220.6121.

vestment Amount \$ ne minimum investment is \$2,500)		☐ Initial Purchase ☐ Subsequent Purchase		
VESTMENT METHOD (Payment method)	od-Please select one. Funds must be readily	·		
☐ Debit USBI brokerage account* (	)			
	itled, submit USBI Journal Asset Form with this Subscription Agreemen	nt.		
IADE OLACO CELECTION C. I I	T. (P )			
HARE CLASS SELECTION Select class	1 (Required)			
Share Class T (3945/4130)				
_	link the tax identification numbers or account num rive any discount for which they are eligible.	nbers listed for rights of accumulation privileges, so the		
Tax ID/SSN(s) or Account Numb				
(4)	(-)			
WNERSHIP TYPE (Select only one)				
A. Account Type		B. Custodial Account Type		
Brokerage Account Number:		U.S. Bank, N.A.		
Non-Qualified:	Qualified:	Custodial Plan		
Individual or Joint Tenant with Rights	□IRA	USBI Custodian Account Number:		
of Survivorship	☐Roth IRA			
☐ Transfer on Death Optional designation. See Section 3D.	□SEP IRA	Paperwork and funding MUST be submitted throu		
Tenants in Common	 Simple IRA	the Custodian. Contact your Custodian for mailin instructions, wiring information, and any addition		
Community Property	Retirement Plan Certification of Investment	paperwork that may be required.		
Uniform Gift/Transfer to Minors	Powers Form or Plan Documents Required			
State of:	Other:	U.S. Bank, N.A. Custodian Tax ID #31-084136		
Trust Certification of Investment Powers Form or Trust Documents Required		Phone Number: (800) 888-4700 Address: 60 Livingston Avenue		
Corporation / Partnership Corporate Resolution or Partnership Agreement Required	If an IRA account type is selected, USBI account number MUST be provided in section 2B. USBI can NOT custody Non-Qualified account types.	Qt Doub MN 55107		
Other:	types.			
		<del>:</del>		
IVESTOR INFORMATION				
Investor Name (Investor/Trustee/Executo	r/Authorized Signatory Information) l. See Section 4 if mailing address is different than re	osidantial street address )		
First Name		ast Name		
iist ivaille	(1011)	ast Name		
Social Security Number	Date of Birth (MM/DD/YYYY) G	Gender		
Daytime Phone Number	E	mail Address		
Residential Street Address	City	State Zip Code		

Country of Citizenship

## **3 INVESTOR INFORMATION** (continued)

First Name		(MI)	(MI)		Last Name			
Social Security	y Number	Date	e of Birth (MM/D	D/YYYY)	Gender			
Daytime Phone Number					Email A			
Residential Str	reet Address		City			State	Zip Code	
		<u></u>						
		Country of Citizenship			iired)			
Resident Al	lien [] Non-	-Resident Allen (Attach	en (Attach a completed Form W8-BEN)			Country of Citizenship		
		t Plan/Trust/Corpora			3R)			
Entity Name		Tax ID Nu	-	Date of Ti		Exemption (See Form W-	<b>S</b> 9 instructions at www.irs.gov)	
Entity Type (Sele	ect one. <b>Required</b> )					Exempt paye	e code (if any)	
		S-Corp C-Corp	LLC	Partnership		1	om FATCA reporting	
Other						code (if any)_		
						:		
	Death Benefi		dividual or Joint Ac	count with rig	nts of surviv	orship only.) (Bene	ficiary Date of Birth required.	
			dividual or Joint Ac			orship only.) (Bene	ficiary Date of Birth required.	
Whole percenta	iges only; must equ	ual 100%.)					☐ Primary ☐ Secondary	
Whole percenta	iges only; must equ	ual 100%.)		Dat	e of Birth (N			
Whole percenta First Name	ges only; must equ	ual 100%.) Last Name	SSN:	Dat	e of Birth (N	MM/DD/YYYY)	Primary Secondary	
Whole percenta First Name	ges only; must equ	ual 100%.) Last Name	SSN:	Dat Dat	e of Birth (N	MM/DD/YYYY)	Primary Secondary	
Whole percenta First Name First Name	ges only; must equ (MI) (MI)	Last Name  Last Name	SSN:	Dat Dat	e of Birth (N	MM/DD/YYYY)	Primary Secondary  ———————————————————————————————————	
Whole percenta First Name First Name	ges only; must equ (MI) (MI)	Last Name  Last Name	SSN:	Dat Dat Dat	e of Birth (N e of Birth (N e of Birth (N	MM/DD/YYYY)	Primary Secondary ————————————————————————————————————	
Whole percental First Name First Name First Name	(MI)  (MI)  (MI)	Last Name  Last Name  Last Name  Last Name	SSN: SSN: SSN:	Dat Dat Dat	e of Birth (N e of Birth (N e of Birth (N	MM/DD/YYYY)  MM/DD/YYYY)	Primary Secondary ————————————————————————————————————	
Whole percental First Name First Name First Name	(MI)  (MI)  (MI)  (MI)	Last Name  Last Name  Last Name  Last Name	SSN: SSN: SSN:	Dat Dat Dat	e of Birth (Ne of	MM/DD/YYYY)  MM/DD/YYYY)	Primary Secondary  ———————————————————————————————————	

_					
5 DIST	RIBUTIONS				
Was		Idaho, Kansas, Kentucky, Maine, Mar cally enrolled in our Distribution Reinve	• •		•
Was	shington investor, you are NOT aut	nho, Kansas, Kentucky, Maine, Marylan omatically enrolled in our Distribution R Distribution Reinvestment Plan, please co	einvestment Plan. If you wish t	3, , ,	*
	☐ Distribution Reinvestment	Plan (See prospectus for details)			
,		ribution Reinvestment Plan, please co	•	. (Select only one)	
1.	☐ Cash/Check Mailed to the	address set forth above (Available	for Non-Custodial Investors on	ly.)	
2.	Cash to be deposited dire	ctly into my USBI brokerage accou	ınt cited in section 2.		
3.	Cash/Check Mailed to Thi	rd Party/Custodian			
	Name/Entity Name/Financial In:	stitution	Mailing Address		
	City	State	Zip Code	Account Numb	ber (Required)
4	Cook/Divert Devenit Attack	a a mus muinta di calida di abasila (A)			
4.	Cash/Direct Deposit Attach	n a <u>pre-printed voided check</u> . (Non-	Lustoaian investors Only)		
author	rity will remain in force until I notify	. ("Hines Global Income Trust") or its a Hines Global Income Trust in writing to orized to debit my account for an amoun	cancel it. In the event that Hine	es Global Income Trust de	
Fina	ncial Institution Name	Mailing Address	(	City	State

#### PLEASE ATTACH A PRE-PRINTED VOIDED CHECK

Your Bank Account Number

6 BROKER-DEALER/FINANCIAL PROFFESIONAL/RIA INFORMATION (Required Information. All fields must be completed)
The Financial Professional must sign below to complete the order. The Financial Professional hereby warrants that he/she is duly licensed and may lawfully sell common shares of Hines Global Income Trust (the "Shares") in the state designated as the investor's legal residence.

Your Bank's ABA Routing Number

Broker-Dealer U.S. Bancorp Investments, I	Inc	Financial Profession	nal Name	
Financial Professional Mailing Address				
City		State	Zip Code	
Financial Professional ID Number	Branch ID Number	Telephone Number		
E-mail Address		Fax Number		

Please note that unless previously agreed to in writing by Hines Global Income Trust, all sales of securities must be made through a Broker-Dealer, including when an RIA has introduced the sale. In all cases, Section 6 must be completed.

The undersigned confirm(s) which confirmation is made on behalf of the Broker-Dealer with respect to sales of securities made through a Broker-Dealer, that they (i) have reasonable grounds to believe that the information and representations concerning the investor identified herein are true, correct and complete in all respects; (ii) have discussed such investor's prospective purchase of Shares with such investor; (iii) have advised such investor of all pertinent facts with regard to the lack of liquidity and marketability of the Shares; (iv) have delivered or made available a current Prospectus and related supplements, if any, to such investor; (v) have reasonable grounds to believe that the purchase of Shares is a suitable investment for such investor, that such investor meets the suitability standards applicable to such investor set forth in the Prospectus and related supplements, if any, and that such investor is in a financial position to enable such investor to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto. The undersigned further represents and certifies that, if the investor is a "retail customer" as defined in Regulation Best Interest, (i) the undersigned has a reasonable basis to believe that (a) an investment in Shares would be in the best interest of the investor based upon the investor's investment profile and the potential risks, rewards, and costs associated with such an investment and (ii) the undersigned has not placed its interests or those of the Broker-Dealer ahead of the interest of the investor in recommending such investment and (iii) the undersigned and the Broker-Dealer have complied with any applicable enhanced standard of conduct, including, but not limited to, the other requirements of Regulation Best Interest in relation to the proposed investment by the investor in shares of Hines Global Income Trust. The undersigned Financial Professional further represents and certifies that, in connection with this subscription for Shares,

X		X	
Financial Professional Signature	Date	Branch Manager Signature	Date

## SUBSCRIBER SIGNATURES

Hines Global Income Trust is required by law to obtain, verify and record certain personal information from you or persons on your behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and social security/taxpayer identification number. We may also ask to see other identifying documents. If you do not provide the information, Hines Global Income Trust may not be able to open your account. By signing the Subscription Agreement, you agree to provide this information and confirm that this information is true and correct. If we are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if we believe we have identified potentially criminal activity, we reserve the right to take action as we deem appropriate which may include closing your account.

Please separately initial each of the representations below. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make

	representations on your behalf. In order to induce Hines Global Income Trust to accept this subscription, I hereby represent and w		
	EASE NOTE: ALL ITEMS MUST BE READ AND INITIALED		
(a)	I have received a copy of the final Prospectus.		
		Initials	Initials
(b)	I have (i) a minimum net worth (not including home, home furnishings and personal automobiles) of at least \$250,000, or (ii) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000.		
(c)	In addition to the general suitability requirements described above in 7(b), I meet the higher suitability requirements, if any,	Initials	Initials
(C)	imposed by my state of primary residence as set forth in the Prospectus under "SUITABILITY STANDARDS."		
		Initials	Initials
(d)	I acknowledge that there is no public market for the Shares and, thus, my investment in Shares is not liquid.		
		Initials	Initials
(e)	I am purchasing the Shares for my own account or, if I am purchasing Shares on behalf of an entity named in Section 3.C of this Subscription Agreement, I have due authority to execute this Subscription Agreement on behalf of such entity and		
	hereby legally bind such entity.	Initials	Initials
(f)	I acknowledge that the price per share at which my investment will be executed will be made available at		
	www.hinesglobalincometrust.com and in a prospectus supplement or post-effective amendment filed with the Securities and Exchange Commission ("SEC"), available at www.sec.gov. I acknowledge that the price per share will be made available generally within 15 calendar days after the last calendar day of the prior month, and such price will generally be equal to the prior month's net asset value ("NAV") per share of the class of Shares being purchased, plus applicable upfront selling commissions and dealer manager fees. I acknowledge that my subscription request will not be accepted before the later of (i) two business days before the first calendar day of each month and (ii) three business days after the price is made publicly available. I acknowledge that I am not committed to purchase Shares at the time my subscription request is submitted and I may cancel my subscription at any time before the time it has been accepted as described in the previous sentence. I acknowledge that I may withdraw my subscription request by notifying the transfer agent, my financial professional, or directly through a toll-free telephone line, (888) 220-6121.	Initials	Initials
Sta	te-Specific Requirements		······································
(g)	If I am an <b>Alabama</b> resident, then in addition to meeting the suitability standards described in the Prospectus, I must have		
	a liquid net worth of at least 10 times my investment in Hines Global Income Trust's Shares and our affiliated programs.	Initials	Initials
(h)	If I am a <b>Kansas</b> resident, it is recommended by the Office of the Kansas Securities Commissioner that Kansas investors limit their aggregate investment in the securities of Hines Global Income Trust and other non-traded real estate investment trusts to		
	not more than 10% of their liquid net worth. For these purposes, liquid net worth shall be defined as that portion of total net worth (total assets minus total liabilities) that is comprised of cash, cash equivalents and readily marketable securities.	Initials	Initials
(i)	If I am a Kentucky resident, then in addition to meeting the suitability standards described in the Prospectus, I shall		
	not invest more than 10% of my liquid net worth in Hines Global Income Trust's Shares or in shares of its affiliates' non-publicly traded real estate investment trusts.	Initials	Initials
(j)	If I am a <b>New Jersey</b> resident, then in addition to meeting the suitability standards described in the Prospectus, I must have		
U)	either (a) a minimum liquid net worth of at least \$100,000 and a minimum annual gross income of not less than \$85,000, or (b) a minimum liquid net worth of \$350,000. In addition, my investment in Hines Global Income Trust's Shares, its affiliates, and other non-publicly traded direct investment programs (including REITs, business development companies, oil and gas programs, equipment leasing programs and commodity pools, but excluding unregistered, federally and state exempt private offerings) may not exceed ten percent (10%) of my liquid net worth.	Initials	Initials
	New Jersey investors are advised that the Class T and Class S shares will, with limited exceptions, be subject to upfront selling commissions and/or dealer manager fees of up to 3.50% of the gross offering proceeds, which reduce the amount of the purchase price that is available for investment and will cause the per share purchase price to be greater than the most recently determined NAV per share on the date of purchase. New Jersey investors are also advised that the Class T and Class S shares are subject to a distribution and stockholder servicing fee equal to up to 1.0% and .85% per annum of the aggregate NAV of the respective outstanding Class T or Class S shares, and the Class D shares are subject to a distribution and stockholder servicing fee equal to up to 0.25% per annum of the aggregate NAV of the outstanding Class D shares. These fees will reduce the amount of distributions that are paid with respect to Class T, Class S, and Class D shares.		
(k)	If I am a <b>Vermont</b> resident, and I am not an accredited investor(s) as defined in the Federal securities laws, then in addition to meeting the suitability standards described in the Prospectus, my investment in Hines Global Income Trust's Shares shall not exceed 10% of my liquid net worth. For these purposes, "liquid net worth" is defined as an investor's total assets (not including	Initials	Initials

home, home furnishings, or automobiles) minus total liabilities.

## **7 SUBSCRIBER SIGNATURES** (continued)

I declare that the information supplied above is true and correct and may be relied upon by the Company. I acknowledge that the Broker-Dealer/Financial Professional (Broker-Dealer/Financial Professional of record) indicated in Section 6 of this Subscription Agreement and its designated clearing agent, if any, will have full access to my account information, including the number of Shares I own, tax information (including the Form 1099) and redemption information. Investors may change the Broker-Dealer/Financial Professional of record at any time by contacting Hines Investor Relations at the number indicated below.

TAXPAYER IDENTIFICATION/SOCIAL SECURITY NUMBER CONFIRMATION (required): The investor signing below, under penalties of perjury, certifies: (i) that the number shown on this subscription agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (ii) that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (iii) I am a U.S. person (including a resident alien); and (iv) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

NOTE: You must cross out (ii) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X		X	
Signature of Investor	Date	Signature of Co-Investor or Custodian (if applicable)	Date

(MUST BE SIGNED BY CUSTODIAN OR TRUSTEE IF PLAN IS ADMINISTERED BY A THIRD PARTY)

## 8 MISCELLANEOUS

If investors participating in the Distribution Reinvestment Plan or making subsequent purchases of Shares of Hines Global Income Trust experience a material adverse change in their financial condition or can no longer make the representations or warranties set forth in Section 7 above, they are asked to promptly notify Hines Global Income Trust and the Broker-Dealer in writing.

No sale of Shares may be completed until at least five business days after you receive the final Prospectus. You will receive a written confirmation of your purchase.

All items on the Subscription Agreement must be completed in order for your subscription to be processed. Subscribers are encouraged to read the Prospectus in its entirety for a complete explanation of an investment in the Shares of Hines Global Income Trust.

Please be aware that Hines Global Income Trust, Inc. ("Hines Global Income Trust"), Hines Global REIT II Advisors LP (the "Advisor"), Hines Interests Limited Partnership (the "Sponsor"), Hines Securities, Inc. (the "Dealer Manager") and their respective officers, directors, employees and affiliates are not undertaking to provide impartial investment advice or to give advice in a fiduciary capacity in connection with Hines Global Income Trust's public offering or the purchase of Hines Global Income Trust's common stock and that the Advisor and the Dealer Manager have financial interests associated with the purchase of Hines Global Income Trust's common stock, as described in the Hines Global Income Trust's prospectus, including fees, expense reimbursements and other payments they anticipate receiving from Hines Global Income Trust in connection with the purchase of the common stock.

# **9** DELIVERY INSTRUCTIONS

#### A. BEFORE YOU SUBMIT

1) Have you completed all required information?

The Social Security Number, Date of Birth and Residential Street Address must be provided for ALL signers.

2) Are you opening a Trust or Entity type account?

Enclose additional required documentation as indicated in Section 2.

3) Are you requesting ACH Direct Deposit?

A pre-printed voided check is required.

#### **B. MAILING ADDRESS**

### Overnight to:

U.S. Bancorp Investments, Inc.

Margin Department

EP-MN-WN2G

60 Livingston Ave.

St. Paul, MN 55107