

Complete this form to update or add beneficiary information on your existing Transfer on Death, Individual or Joint with Rights of Survivorship account(s). Not available for Louisiana residents. Not available for Puerto Rico residents in MSC Income Fund (formerly HMS Income Fund).

1 ACCOUNT INFORMATION

Name(s) on the Account	
<p>Please select the appropriate investment(s). If an investment is not selected, all accounts will be updated.</p> <p>FUNDS</p> <input type="checkbox"/> HGR Liquidating Trust (Hines Global REIT) <input type="checkbox"/> Hines Global Income Trust <input type="checkbox"/> MSC Income Fund (formerly HMS Income Fund) <p>PRIVATE PLACEMENTS</p> <input type="checkbox"/> Hines Realty Income Fund LLC <input type="checkbox"/> Tinsley Park LP <input type="checkbox"/> Residences at the RIM LP <input type="checkbox"/> Southside Multifamily LLC <input type="checkbox"/> Southwest Industrial Center LLC <input type="checkbox"/> Houston Multifamily Portfolio LP <input type="checkbox"/> Chapel Street Residences LLC <input type="checkbox"/> Hines Sentio Senior Living Opportunity Fund LP	
Hines Account Number	Tax Identification Number / Social Security Number

2 TRANSFER ON DEATH BENEFICIARY INFORMATION *(Beneficiary Date of Birth required. Whole percentages only; must equal 100%)*

First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	_____ %
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	_____ %
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	_____ %
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	_____ %

3 AUTHORIZATION AND SIGNATURE(S)

I hereby authorize you to update and/or add Transfer on Death Beneficiary information as indicated above. The signature(s) of each person(s) authorized to transact business on the account(s) referenced above is required and must correspond exactly with the name(s) registered on the account. ***(All Signatures must be notarized or Signature Guaranteed)***

Current Investor Name (Please Print)	Signature	Date
Current Co-Investor Name (Please Print)	Signature	Date
<p>_____ Notary Public Signature</p> <p>_____ Commission Expiration Date</p> <p style="text-align: center;">(Notary Seal)</p>	<p>Signature Guarantee <i>(Affix Medallion or Signature Guarantee Stamp Below)</i></p>	

Return to: Hines Investor Relations ■ P.O. Box 219010 ■ Kansas City, MO 64121-9010

Overnight Delivery: Hines Investor Relations ■ 430 W. 7th St. ■ Kansas City, MO 64105

Hines Investor Relations: 888.220.6121