

TRANSFER ON DEATH BENEFICIARY AUTHORIZATION FORM

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

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 Puerto Rico residents in MSC Income Fund (Formerly HMS Income Fund)

ACCOUNT INFOF	RMATION				
Name(s) on the Accou	nt				
Please select the app FUNDS Hines Global Incor PRIVATE PLACEME	me Trust	□MSC		ected, all accounts will be updated. rly HMS Income Fund)	
Hines Account Number	er			Tax Identification Number / Social Security Number	
TRANSFER ON D	EATH BENI	EFICIARY INF	ORMATION (Ben	reficiary Date of Birth required. Whole percentages only; must equal 100%.)	
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY) Primary Secondary%	
First Name	(MI)	Last Name	SSN:	: Date of Birth (MM/DD/YYYY) Primary Secondary%	
First Name	(MI)	Last Name	SSN:	: Date of Birth (MM/DD/YYYY) Primary Secondary%	
First Name	(MI)	Last Name	SSN:	Date of Birth (MM/DD/YYYY) Primary Secondary	
	to update and/c n the account(s)	r add Transfer on referenced above	is required and must	ormation as indicated above. The signature(s) of each person(s) authorized correspond exactly with the name(s) registered on the account.	
Current Investor Name (Please Print) Signatur			Signature	Date	
Current Co-Investor Na	ame (Please Pri	nt)	Signature	Date	
Notary Public Signature				Signature Guarantee (Affix Medallion or Signature Guarantee Stamp Below)	
Commission Expirati	on Date				
	(Notary	Seal)			

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

Email to: hines.ai@dstsystems.com Fax Number: 877.616.1114 Hines Investor Relations: 888.220.6121