

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

This certification may be used in connection with the investment by a trust (the "Trust") or plan (the "Plan") in interests of one or more programs sponsored by Hines Interests Limited Partnership (each a "Hines Program"). For multiple investments in separate registrations, the investor must complete one for each registration.

1 TRUST/PLAN INFORMATION

Complete name of the Trust/Plan: _____

Date of the Trust/Plan Agreement: _____

Date of the latest Amendment to the Trust/Plan Agreement (if any): _____

2 AUTHORIZED INDIVIDUAL(S)

You are authorized to accept orders and other instructions from those individuals or entities listed below, unless their authority is expressly limited on this certification (attach extra pages, if necessary).

Please select one of the following three options:

- ☐ The Trustee(s) listed below may act independently as provided in the trust document/plan agreement referenced above, and the execution by any one Trustee can bind the Trust/Plan.
- ☐ The Trustee(s) listed below may act as a majority as provided in the trust document/plan agreement referenced above.
- ☐ The Trustee(s) listed below must act collectively as provided in the trust document/plan agreement referenced above, and the execution by or authorization of all of the Trustees is required to bind the Trust/Plan.

The following are all of the current Trustees of the Trust/Plan. *(Please note: ALL current Trustees must sign the certification in Section 4.)*

Trustee's Name *(Please print)*: _____

Trustee's Name *(Please print)*: _____

Trustee's Name *(Please print)*: _____

Trustee's Name *(Please print)*: _____

3 INVESTMENT PERMITTED

(a) We certify that we have the power under the Trust/Plan and applicable law to enter into transactions involving (i) the establishment and modification of subscriptions pertaining to each investment in a Hines Program with respect to which the Trust/Plan has submitted a subscription agreement, and (ii) following the acceptance of its subscription and the admission of the Trust/Plan as an interest holder, (A) any instructions or directions relating to an investment in a Hines Program, including but not limited to, relating to participation in the Hines Programs distribution reinvestment plan (as applicable), (B) the implementation of any transfer or assignment of some or all of the Trust's/Plan's interests in the Hines Program, or (C) the redemption of some or all of the Trust's/Plan's interests in the Hines Program.

(b) We understand that you, at your sole discretion and for your sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any individual Trustee. In consideration for your acceptance of each of the Trust's/Plan's subscriptions for interests in the Hines Program in reliance on this certification, we, the Trustee(s), jointly and severally, hereby indemnify you and your officers, directors, employees, agents and representatives (the "Indemnified Parties") and hold the Indemnified Parties harmless from and against any liability whatsoever related to effecting any orders, transactions, directions or instructions, if you act pursuant to instructions you believe to have been given by any of the Authorized Individuals listed under Section 2 above.

(c) We agree to inform you in writing of any amendment to the Trust/Plan that affects its investment in a Hines Program or authority to take actions with respect thereto, or any change in the composition of the Trustee(s), or any other event that could materially alter the certifications made above. You may rely on the continued validity of this certification indefinitely absent actual receipt of such notice.

4 TRUSTEE SIGNATURES

All Trustees must sign. Should only one person execute this certificate, it shall constitute a representation that the signer is the sole Trustee of the Trust/Plan (attach extra pages if necessary).

We hereby certify that the undersigned are all the current Trustees of the Trust/Plan.

Trustee Name (Please print) _____ Signature _____ Date _____

Trustee Name (Please print) _____ Signature _____ Date _____

Trustee Name (Please print) _____ Signature _____ Date _____

Trustee Name (Please print) _____ Signature _____ Date _____

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

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Fax Number: 877.616.1114

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