

## Account Change Form

Investor Services: 1-888-920-1959

Please return completed form to:

**Regular Mail:**

KKR Democratized Access Vehicles  
P.O. Box 219302  
Kansas City, MO 64121-9302

**Overnight:**

KKR Democratized Access Vehicles  
430 W 7<sup>th</sup> Street, Suite 219302  
Kansas City, MO 64105-1407

### INSTRUCTIONS

**This form may be used to make the following changes:**

- Section 1.1: Change name due to: divorce or marriage, change of trustee **must be signed by investor(s)**
- Section 1.2: Change or correction of address of record
- Section 1.3: Add an interested party where duplicate statements may be sent
- Section 2: Change the cost-basis method; **please discuss with your financial advisor**
- Section 3: Change or Terminate Distribution instructions for non-qualified accounts  
**Please allow 30 days for change in distribution instructions to take effect**
- Section 4: Add or Modify account automatic investment plan
- Section 5: Change Financial Advisor; **must be signed by investor(s)**
- Section 6: Update account to send statements via electronic delivery
- Section 7: Signatures

Please allow 30 days for change in distribution instructions to take effect. **Sections 1 and 7 must be completed for all requested changes.**

**Please contact your custodian for the following changes on qualified accounts:**

- Change of custodian for a qualified account, such as an IRA.
- Change of distribution destination, such as a custodian account number change.
- Change of financial advisor.

### 1. CURRENT INVESTOR INFORMATION

**Required For All Changes.** Please type or use BLOCK letters.

Investor Name/Trustee

Social Security Number/TIN

Co-Investor Name/Trustee (if applicable)

Social Security Number/TIN

Please select the appropriate investment.

KKR Real Estate Select Trust Class D

KKR Real Estate Select Trust Class U

KKR Real Estate Select Trust Class I

Account Number



## 1. CURRENT INVESTOR INFORMATION - *continued*

### 1.1 Name on Account Change (Due to Divorce/Marriage, Change of Trustee, etc)

**Important Notice:** Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Add or Change Trustee Name to; ***must be signed by investor(s)***

Change Name to; ***must be signed by investor(s)***

### 1.2 Address of Record Change

Mailing Address

City State Zip Code Phone Number

### 1.3 Interested Party Address

Mail a duplicate of all mailings to the interested party address.

Name

Mailing Address

City State Zip Code

## 2. CHANGE OF COST-BASIS METHOD OF COMPUTATION

Select one. Custodial accounts require custodial authorization.

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal.

Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. If you do not elect a Cost Basis Method, your account will default to First in, First Out.

#### Primary Method *(Select only one)*

Average Cost – averages the purchase price of acquired shares

First In, First Out – oldest shares are redeemed first

Last In, First Out – newest shares are redeemed first

Low Cost – least expensive shares are redeemed first

High Cost – most expensive shares are redeemed first

Loss/Gain Utilization – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares

Specific Lot Identification – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

**Secondary Method** – applies only if Specific Lot Identification was elected as the Primary Method *(Select only one)*

First In, First Out

Last In, First Out

Low Cost

High Cost

Loss/Gain Utilization

*Note: If a Secondary Method is not elected, First In, First Out will be used.*

### 3. DISTRIBUTION INSTRUCTIONS CHANGE

Please allow 30 days for change in distribution instructions to take effect.

**Enroll** in the Distribution Reinvestment Plan.

**Mail check** to the address of record. *(Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.)*

**Mail check to Brokerage Account or Other:**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Mailing Address City, State Zip Code

\_\_\_\_\_  
ABA Routing Number (if applicable) Account Number

Complete for electronic deposit of distributions.

**Electronically deposit\*** distributions to the account indicated below:

\_\_\_\_\_  
Name of Financial Institution Checking Savings Brokerage/Other

\_\_\_\_\_  
ABA Routing Number Account Number

*\* A Medallion Signature Guarantee is required if updating distributions to new banking instructions*

SS&C or its named agent is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that SS&C deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

### 4. ESTABLISH, MODIFY OR DELETE SYSTEMATIC PURCHASE PLAN/AUTOMATIC INVESTMENT PLAN

**Check one:**    Establish a new plan    Modify an existing plan    Delete an existing plan

AIP permits automatic investments into the Fund by authorizing the Fund to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete this section below.

**Note: AIP does not apply to custodian-held accounts.**

Please transfer \$ \_\_\_\_\_ (minimum \$500) from my bank account.

Monthly    Quarterly    On the \_\_\_\_\_ of the month    Beginning on \_\_\_\_\_

\_\_\_\_\_  
Name of Depository Institution

\_\_\_\_\_  
Depository Institution Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Your Bank's ABA Routing Number Your Account Number

Checking    Savings

**5. FINANCIAL ADVISOR OR INVESTOR REPRESENTATIVE CHANGE**

Must be authorized by signature of the investor(s) and accepting financial advisor.

New Broker-Dealer or Financial Institution Name

New Financial Advisor/Investor Representative Name(s)                      Advisor Number                      Advisor Branch #

Mailing Address

City                      State                      Zip Code

Phone Number                      Fax                      Email

Financial Representative Signature                      Principal Signature (if applicable)

**6. INVESTOR ELECTRONIC DELIVERY CONSENT**

**Paperless delivery** (Please **check** box if you wish to elect this option)

Email

By checking above, the investor requests to receive all shareholder communications electronically for all investment products or share classes sponsored by KKR Real Estate Select Trust or its affiliates. Communications include, but are not limited to, account statements, investor communications, annual, semi-annual and/or quarterly reports, tax forms, proxy materials and other required reports. The investor may request a paper copy of a shareholder communication, update an email address or change this election at any time by contacting Sample Funds. Changes may take up to 30 days to take effect. Consent to electronic delivery is terminated by an invalid email address. Costs associated with accessing the internet may be incurred and certain software may need to be downloaded in order to view the materials delivered electronically. Timely access to materials may not be available in the event of a system failure or network outage. This electronic delivery program may be changed or discontinued and the terms may be amended at any time. In the event of discontinuation or as required by law, the investor will receive paper copies of all shareholder communications.

**Paper statements** (Please **check** box if you wish to elect this option)

**7. REQUIRED SIGNATURES**

*Required For All Changes.*

**Sections 1.1, 3 and 5 must be authorized with the signature of the Investor(s) and/ or Custodian.**

**Required Signatures – All Investors or Authorized Representative(s)**

Signature of Investor/Trustee                      Signature of Co-Investor/Trustee - OR - Custodian

***Medallion Signature Guarantee Stamp is required when the custodian is signing on behalf of the Investor/Trustee and when Investor Name is changing or new banking instructions are provided for distributions.***

**Medallion Signature Guarantee**

