

Maintenance Form



BLACK CREEK® GROUP

Return your completed form to:

Regular Mail

Black Creek Group
c/o DST Systems, Inc.
P.O. Box 219079
Kansas City, MO 64121-9079

Direct Overnight Mail

Black Creek Group
c/o DST Systems Inc.
430 West 7th Street, Suite 21907
Kansas City, MO 64105

Phone

866.324.REIT (7348)

Fax

816.374.7420

What would you like to do?

- Change Address / Phone / E-mail (Complete sections 1, 2 & 7)
- Name Change (Complete sections 1, 3, 7 and Email in 2 if applicable)
- Change / Add Interested Parties (Complete sections 1, 4 & 7)
- Paperless / Electronic Documents (Complete sections 1, 5 & 7)
- Update Registered Representative / RIA / Broker / Dealer (Complete sections 1, 6 & 7)

The following documents must be mailed and not faxed.

- Resigning Custodian Registration (Complete sections 1, 7, 8 & 9)
- New Custodian Registration (Complete sections 1, 7 & 9)

Forms required to make the following changes (do not use this Maintenance Form):

Change of Ownership:
Transfer Form

Beneficiary Designation:
Transfer on Death Form (Individual and Joint Tenant WROS accounts only)

Redemption Request:
Redemption Form

Participate in or Terminate Dividend Reinvestment Plan:
Distribution Change Form

1. Current Subscriber Information – Please provide information to indicate how shares are currently registered

- Black Creek Diversified Property Fund (DPF)
 - DPF - D Share Class
 - DPF - I Share Class
 - DPF - S Share Class
 - DPF - T Share Class
 - DPF - E Share Class
- Industrial Property Trust (IPT)
 - IPT - A Share Class
 - IPT - T Share Class
- Black Creek Industrial REIT IV (BCI IV)
 - BCI IV - T Share Class
 - BCI IV - W Share Class
 - BCI IV - I Share Class

Investor Name _____ Co-Investor Name _____

Investor Social Security / Taxpayer ID # _____ Co-Investor Social Security / Taxpayer ID # _____

Investor Date of Birth / Articles of Incorporation (MM/DD/YY) _____ Co-Investor Date of Birth / Articles of Incorporation (MM/DD/YY) _____

Current Address: Street Address _____ City _____ State _____ ZIP _____

Black Creek Group Account Number _____ Current Home Telephone _____ Current E-mail Address _____

2. Change Address / Phone / Email

A P.O. Box will not be accepted as a residential address. A rural route, APO or FPO address will be accepted.

New Mailing Address: Street _____ City _____ State _____ ZIP _____

New Residential Address (if applicable): Street _____ City _____ State _____ ZIP _____

New Daytime Telephone _____ New Evening Telephone _____ New E-mail Address _____



3. Name Change

Print and sign both your former name and new name to verify that they represent one and the same person. In section 8, sign your new name and **include a copy of marriage, divorce or court document with the name change.**

Former Name (Print)

New Name (Print)

Signature of Former Name

Signature of New Name

4. Change or Add Interested Parties

By identifying the Interested Parties below, you hereby authorize the applicable Fund(s) to send any and all information about the Subscriber's Interests in the Fund(s) to the Interested Parties identified below. This contact information may be updated and communicated to the Fund(s) from time to time.

Please identify below Interested Parties other than your Financial Advisor or Private Wealth Advisor:

Interested Party Name

Street Address

City

State

ZIP

Telephone

E-mail Address

5. Enroll in Electronic Consent

Instead of receiving paper copies of the prospectus, prospectus supplements, annual reports, proxy statements, tax documents, and other stockholder communications and reports, you may elect to receive electronic delivery of stockholder communications from programs sponsored by Black Creek Group. If you would like to consent to electronic delivery, including pursuant to email, please check the box below for this election.

We encourage you to reduce printing and mailing costs and to conserve natural resources by electing to receive electronic delivery of stockholder communications and statement notifications. By consenting below to electronically receive stockholder communications, including your account-specific information, you authorize said program(s) to either (i) email stockholder communications to you directly or (ii) make them available on our website and notify you by email when and where such documents are available.

Your consent to electronic delivery will be on an unlimited duration and you will not receive paper copies of these electronic materials unless (i) specifically requested, (ii) you inform us in writing that you revoke your consent, (iii) the delivery of electronic materials is prohibited or (iv) we, in sole discretion, elect to send paper copies of materials.

By consenting to electronic access, you will be responsible for your customary internet service provider charges and may be required to download software in connection with access to these materials.

I consent to electronic delivery

E-mail Address (if blank, the e-mail address in section 1 or 2 will be used)



6. Registered Representative (RR), Registered Investment Advisor (RIA) or Broker / Dealer (B / D) Change

Former RR / RIA

Former Broker / Dealer Name

New Registered Representative, Registered Investment Advisor or Broker Dealer

Name

Street Address

City

State

ZIP

Telephone

E-mail Address

RR or RIA Number

Brokerage Account Number (if applicable)

If RIA, Clearing Firm Name

- For non-custodial accounts. If changing broker / dealer, please complete a REIT-specific Distribution Change Form if your distributions currently are being paid to your former Broker / Dealer.
- If you wish to participate in the Distribution Reinvestment Plan please complete a REIT-specific Distribution Change Form.

If you only completed information in sections 1-6, this form can be faxed to 866.374.7420 after signing in section 7 below.

7. Signatures

Signature of Investor or Trustee

Date

Signature of Co-Investor or Trustee (if applicable)

Date

8. Resigning Custodian Registration Information

Investor Registration

Name of Resigning Custodian (Assignor)

Custodian Account #

Custodian Social Security / Tax ID #

Investor Social Security / Tax ID #

Number of Units / Shares

The Assignor hereby assigns the Assignee 100% of the Assignor's right, title and interest in the product selected in section 1. This hereby constitutes and appoints the said General Partner(s) / Company to transfer the above-referenced assets / interests on the books of record with full power of substitution in the premises.

Signature – Authorized Custodian

Date

**A Medallion Signature Guarantee is required for assignor signature.
A notary public is not an acceptable guarantor.**

Guarantor: Affix Medallion Signature Guarantee here.

9. New Custodian Registration Information

Name of New Custodian (Assignee)

Custodian Address

City

State

ZIP

Custodian Taxpayer ID #

Custodian Account Number

Signature – New Authorized Custodian

Date

**A Medallion Signature Guarantee is required for assignor signature.
A notary public is not an acceptable guarantor.**

Guarantor: Affix Medallion Signature Guarantee here.

If sections 8-9 are completed, this form must be mailed to one of the addresses below. Faxes are not accepted if sections 8-9 are completed.

You may mail this completed form to:

Regular Mail:

Black Creek Group
c/o DST Systems Inc.
P.O. Box 219079
Kansas City, MO 64121-9079

Direct Overnight Mail:

Black Creek Group
c/o DST Systems, Inc.
430 West 7th Street, Suite 219079
Kansas City, MO 64105

Black Creek Group Contact Information:

Phone: 866.324.REIT (7348)

Web Site: blackcreekdiversified.com
industrialpropertytrust.com
bcindustrialiv.com

E-mail: operations@blackcreekgroup.com

NOT A DEPOSIT | NOT FDIC INSURED | NOT GUARANTEED BY THE BANK | MAY LOSE VALUE | NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY