ACCOUNT UPDATE FORM

PLEASE CHECK ALL INVESTMENTS THAT APPLY:

(All account information is Required)
Account Number

- ☐ SmartStop Self Storage REIT, Inc. (f/k/a Strategic Storage Trust II, Inc.) _____
- ☐ Strategic Storage Growth Trust II, Inc. _____
- ☐ Strategic Storage Trust IV, Inc. _____
- ☐ Strategic Student & Senior Housing Trust, Inc. _____

Complete this form and return to:

SmartStop Asset Management, LLC
c/o Strategic Transfer Agent Services, LLC
10 Terrace Road
Ladera Ranch, CA 92694
Phone: 866-418-5144
Fax: 949-429-6606
(Fax only accepted for non-custodial accounts)

INSTRUCTIONS Please complete all applicable sections depending upon your account change(s). Check all boxes that apply.

- ☐ **CHANGE OF ADDRESS** (Sections 1, 2 & 5)
- ☐ **CHANGE OF REPRESENTATIVE OR BROKER-DEALER** (Sections 1, 3 & 5)
- ☐ **DISTRIBUTION INSTRUCTIONS** (Sections 1, 4 & 5)

1) CURRENT ACCOUNT OWNER INFORMATION

Account Name(s)

Telephone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐

Registered Owner's SSN or TID _____

2) CHANGE OF ADDRESS

If you are providing an address outside of the U.S., please complete the following by indicating citizenship status (REQUIRED):

- ☐ **U.S. CITIZEN**
- ☐ **RESIDENT ALIEN**
- ☐ **NON-RESIDENT ALIEN* - COUNTRY OF ORIGIN** _____

*If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W8EXP OR W8IMY).

Please indicate whether the change of the address pertains to the:

☐ **MAILING ADDRESS** or ☐ **ALTERNATIVE ADDRESS**

Address

City

State ☐☐

Zip Code ☐☐☐☐☐

Home Telephone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐

Business Telephone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐

Email Address

3) CHANGE OF REPRESENTATIVE OR BROKER-DEALER

If the account owner chooses to change from one registered representative to another within the same broker-dealer, a signature is only required from an authorized principal of the broker-dealer. If the account owner chooses to transfer account(s) to a different broker-dealer, all registered account owners and an authorized principal from the new broker-dealer must sign. The registered representative on the account may not sign as the authorized principal for the broker-dealer. For custodial accounts, a Medallion Signature Guarantee stamp or appropriate authorization from the custodian is required in section 5.

Firm Name

Registered Representative

Representative Number

Branch Address

City

State ☐☐

Zip Code ☐☐☐☐☐

Telephone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐

Fax Number ☐☐☐ - ☐☐☐ - ☐☐☐☐

Signature by Authorized Principal Required

ACCOUNT UPDATE FORM

4) DISTRIBUTION INSTRUCTION

Distribution updates will take the effect for the next distribution that occurs at least 30 days after receipt of this form. This authorization will supersede any previous distribution instructions.

☐ Cash _____ %

☐ DRP _____ %

Total = 100%

Initial to Participate

☐

If you participate in the Distribution Reinvestment Plan (DRP), we request that you notify the above referenced investment(s) and your broker-dealer in writing at any time there is a material change in your financial condition, including failure to meet the minimum income and net worth standards set forth in the original subscription agreement(s) you signed for the above referenced investment(s).

Please check all that apply:

- ☐ **Participate in Distribution Reinvestment Plan**
- ☐ **Discontinue Distribution Reinvestment Plan**
- ☐ **Elect Direct Deposit/Change Banking Information**
- ☐ **Discontinue Direct Deposit**
- ☐ **Mail Distribution Checks to Address of Record**
- ☐ **Mail Distribution Checks to Financial Institution**

- Direct Deposit is not available for investments made through brokerage or custodial held accounts.
- When initiating Direct Deposit, you are required to submit either a voided check or letter from the designated financial institution which verifies the direct deposit instructions.
- By electing to have my distributions reinvested in the Distribution Reinvestment Plan, I agree that I have read the Prospectus and have reviewed the Distribution Reinvestment Plan for the investment(s) designated above.
- Changes to custodial accounts require a Medallion Signature Guarantee stamp or appropriate authorization from the custodian.

Financial Institution Information

Name of Financial Institution

Account Number

Mailing Address

City

State

Zip Code

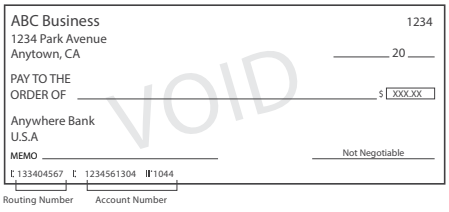
Direct Deposit Information

The above referenced investment(s) is (are) authorized to deposit my (our) distribution 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 the above referenced investment(s) has (have) notified me (us) that this deposit service has been terminated. In the event that the above referenced investment(s) deposit(s) funds erroneously into my (our) account, it is (they are) authorized to debit my (our) account for an amount not to exceed the amount of the erroneous deposit.

Select One: ☐ Checking Account (voided check REQUIRED)

☐ Savings Account

9-DIGIT ROUTING/ABA NUMBER (see example)



5) SIGNATURES

All Registered Account Owners are Required to Sign

Account Owner Signature

Date

Joint Account Owner or Authorized Signature of Custodian

Date

CUSTODIAL ACCOUNTS REQUIRE A MEDALLION SIGNATURE GUARANTEE STAMP OR APPROVAL FROM THE CUSTODIAN