

Dividend Reinvestment Program (DRIP) Enrollment Request

Account Holder Name _____
Holder ID _____
Custodian or LLC Name _____

I hereby request to enroll in the Dividend Reinvestment Program for 1st stREIT Office, Inc. I instruct our transfer agent, Computershare Trust Company, N.A., to enroll in the Dividend Reinvestment Program.

Name Date

Signature

Please email form to:
equity@streitwise.com

Or print & mail to:
Computershare
462 S 4th Street
Louisville, KY 40202

You may review the entire Offering Circular with the details about the Dividend Reinvestment Program at www.stREITwise.com/OC.