

Transfer and Assignment of Ownership Form

TO BE COMPLETED BY TRANSFEROR/CURRENT OWNER AND TRANSFEREE/NEW OWNER

PLEASE RETURN ORIGINAL COMPLETED FORM TO THE FOLLOWING:

DST Systems, Inc.
Attn: Cottonwood
430 W. 7th Street
Suite #219065
Kansas City, MO 64105
Phone: 844.422.2584

INSTRUCTIONS

- Transfer due to death or estate planning purposes. Complete all sections.
- Transferor must sign -- ALL SIGNATURES MUST BE MEDALLION SIGNATURE GUARANTEED.
- Proper authority documents for transferee must be submitted with this form as applicable.
- Please complete Attachment A – Form W-9.
- If current registered owner is deceased, a death certificate and applicable court documents must be provided to prove signor's authority on behalf of the deceased transferor.
- Processing delays may occur if required documentation is not provided

Transferee and Transferor hereby represents and warrants to Cottonwood and its affiliates entities (hereinafter the "Company")

1. Transferee has received a copy of the Company's offering circular or private placement memorandum, as amended and supplemented ("Offering Material").
2. Transferee is acquiring the Shares for his own account or for the account or benefit of a member or members of his immediate family or in a fiduciary capacity for the account of another entity and not otherwise as an agent for another.
3. Transferee meets the requirements of an accredited investor and/or suitability standards, as described in the Offering Material, if applicable. Does not apply to Transferees acquiring shares by gift or operations of law.
4. Transferee understands that the ability to assign and transfer the shares/units/interests will be governed by the Articles of Incorporation, Bylaws, Charter, as applicable, of the Company, as the same may be amended and/or restated, and all applicable laws as described in the Offering material, and Transferee has reached the age of majority in his state of residence.
5. Transferor and Transferee acknowledge and understand that (a) without prior approval of the Company.
6. Transferee understands the meaning and legal consequences of the representations and warranties set forth above, and Transferee agrees to indemnify and hold harmless the Company from and against any and all loss, damage, claim, expense or liability (including, without limitation, court costs and attorney fees and expenses) due to, or arising out of, a breach of representation or warranty of Transferee contained in this Transfer and Assignment. Notwithstanding any of the representations, warranties, acknowledgments or agreements made herein by Transferee, Transferee does not thereby or in any other manner waive any rights granted to him under federal or state securities law.
7. Transferor hereby constitutes and appoints the Company (or the Company's Nominee) as Transferor's attorney in fact to transfer the shares/units/interests on books and records on the Company to Transferee with full power of substitution or as defined in the Offering Material. The foregoing grant of authority (a) is a special power of attorney and coupled with an interest, and (b) is irrevocable and shall survive Transferee's death, dissolution or disability.



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(See attached instructions)

6. NAME OF FUND

_____ *Complete Name of Fund*

Fund Number: _____ Account Number: _____

If you already have an existing account in this EXACT Fund, please provide account number

7. TYPE OF REGISTRATIONS FOR TRANSFEREE/NEW OWNER

Non-Custodial Ownership

- Individual Ownership**
- Joint Tenants with Rights of Survivorship** - All parties must sign
- Community Property** - All parties must sign
- Tenants in Common** - All parties must sign
- Corporate Ownership** - Authorized signature required
Include copy of corporate resolution: S or C Corp

- Partnership Ownership** - Authorized signature required
- Qualified Pension Plan and Profit-Sharing Plan** (non-custodial)
- LLC's**

Custodial Ownership

- Traditional IRA** - Custodian & Owner signature required
- ROTH IRA** - Custodian & Owner signature required
- Deceased IRA** - Custodian signature required
Name of Deceased: _____
Date of Death: _____
(MM/DD/YYYY)
- Simplified Employee Pension/Trust (SEP)**

- Pension or Profit Sharing Plan** - Custodian signature required
- Uniform Gift to Minors Act** - Custodian signature required
State of: _____
Custodian for: _____
- Other:** _____
(Specify)

Trust Accounts

- Taxable Trust** - Authorized signature required
Provide Certification of Trust
- Tax - Exempt Trust** - Authorized signature required
Provide Certification of Trust
- Other:** _____
(Specify)
- Inception Dates:** _____
(MM/DD/YYYY)

Name of Custodian: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Custodian Tax ID: _____

Custodian Account Number: _____ Phone: _____ Email: _____



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(See attached instructions)

8. TRANSFEREE/NEW OWNER INFORMATION

If NON CUSTODIAL OWNERSHIP Print COMPLETE REGISTRATION *exactly as it should appear on the Books and Records of the Company*

Tax ID of Trust/Partnership/Corporation for entity check in Section 7: _____
(non-custodial ownership or trust accounts)

9. TRANSFEREE/NEW OWNER INFORMATION (if Custodial, provide beneficial owner information in Section 9 and Custodial information in Section 7:

Name of Transferee/New Owner _____ Name of Joint Transferee/New Owner _____

Name of Owner/TTEE: _____ Email: _____

SSN/Tax ID: _____ Birth Date: _____
(MM/DD/YYYY)

Name of Co-Owner/TTEE: _____ Email: _____

SSN/Tax ID: _____ Birth Date: _____

Phone: _____ Citizenship: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____
(PO Box will not be accepted)

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

10. DISTRIBUTION OPTIONS

- Mail to Custodial Address in Section 7
- Mail Check to Street Address (or Mailing Address if provided) in Section 9
- Mail Check to 3rd Party (below)
- ACH Deposit directly into the account listed below

Name of Financial Institution: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Bank ABA Routing Number: _____ Bank Account Number: _____

- Checking** [Attach voided check] **Savings** [Attach voided deposit slip] **Brokerage**

11. THIRD PARTY AUTHORIZATION

- Mail copies of my account statements to the individuals below:

Name of Third Party: _____

Address of Third Party: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____



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(See attached instructions)

12. REGISTERED REPRESENTATIVE / BROKER DEALER INFORMATION

Name of Registered Representative: _____

Name of Broker Dealer: _____ Broker Dealer Rep ID#: _____

Address of Registered Representative: _____

City: _____ State: _____ Zip Code: _____

Phone of Registered Representative: _____ Email: _____

Broker Dealer Home Office Address: _____

City: _____ State: _____ Zip Code: _____

13. AUTHORIZATION AND SIGNATURES OF TRANSFEREE/NEW OWNER AND SUBSITUTE W-9 FORM - Must be signed and completed by party under which tax information is to be reported or taxes will be withheld from distributions. Tax information may only be reported under one tax ID or social security number.

THE UNDERSIGNED CERTIFIES, under penalties of perjury (i) that the taxpayer identification number shown in section 9 (or section 7 if Custodial Account) of this form is true, correct and complete, and (ii) that I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or distributions, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding and (iii) I am a US person (as defined by IRS Form W-9). The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

The Transferee declares that the information supplied herein, including the representations and warranties set forth on page 1 is true and correct and may be relied upon by the Company and that all Transferees acting in a representative capacity for a corporation, partnership, trust or other entity has full authority to execute this Transfer and Assignment in such capacity.

Signature of Transferee/New Owner/TTEE Print Name Date

Signature of Co-Transferee/New Owner/TTEE Print Name Date

Signature of Custodian Title of Signor Date



Once complete, send original form to:
DST Systems, Inc.
Attn: Cottonwood
430 W. 7th Street, Suite #219065
Kansas City, MO 64105
Phone: 844.422.2584



