

INSTRUCTIONS

This form may be used to request an update to your Cottonwood Communities account information. Please check all boxes that apply below and be sure to complete the required corresponding section(s) as indicated.

- Name Change – Sections 1, 2, 8
- Address Change – Sections 1, 3, 8
- Distribution Change – Sections 1, 4, 7*, 8
- Electronic Delivery Election - Sections 1, 5, 8
- Broker Dealer/Representative Change – Sections 1, 6, 7, 8 * Section 7 must be completed if electing to participate in DRIP program

If your account is held with a custodian, please forward this completed form directly to your custodian for processing. below and be sure to complete the required corresponding section(s) as indicated.

1. CURRENT INVESTOR INFORMATION - (Please Type or Use Block Letters) Required for ALL Changes

Investor Name/Trustee: _____ SSN/TIN: _____

Co-Investor/Trustee Name: _____ SSN: _____
(if applicable)

Account Registration Name: _____

Cottonwood Communities, Inc. Account Number: _____

2. NAME CHANGE - (Due to Divorce/Marriage, etc.)

Important Notice: Copy of Power of Attorney, 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 Power of Attorney to: _____

Add or Change Trustee Name to: _____

Change Name to: _____

3. ADDRESS OF RECORD CHANGE

Please select which type of address to be changed: Legal Mailing

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

- If updating/adding a mailing address, please select this box if you would like a duplicate of all mailings to be sent to the address indicated above as well as the legal address of record.



4. DISTRIBUTION INSTRUCTIONS CHANGE - (Please Type or Use Block Letters)

For changes to take effect before the next distribution payment, this form must be received 30 days prior to the distribution payable date.

Complete this section to enroll in the Distribution Reinvestment Plan, to elect to receive distributions by direct deposit and/or to elect to received distributions by check. If you elect direct deposit, you must attach a voided check with this completed form. Qualified Plans may not direct distributions without the Custodian's approval.

PLEASE NOTE: If you elect to participate in the Distribution Reinvestment Plan, you must agree that if at any time you fail to meet the applicable investor suitability standards or cannot make the other investor representations or warranties set forth in the current Prospectus (as supplemented) or the Subscription Agreement relating to such investment, you will promptly notify Cottonwood in writing of that fact.

If you are electing to participate in the Distribution Reinvestment Plan, then by signing in section 8 you represent to Cottonwood that (i) you have received a copy of the current Prospectus (as supplemented) and (ii) you have (a) a minimum net worth (exclusive of home, home furnishing, and personal automobiles) of at least \$250,000 or (b) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000, and, if applicable, you meet the higher net worth and gross income requirements imposed by your state of primary residence as set forth in the current Prospectus under "Suitability Standards" or any Supplement to the Prospectus.

- 1. I prefer to participate in the Distribution Reinvestment Plan, as described in the Prospectus (as supplemented)**
- 2. Send distributions via check to investor's home address (or for all accounts with a custodian to the address listed on record)**
- 3. Send distributions via check to alternate payee listed here (not available for Qualified plans without cus odial approval)**

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

- 4. Direct Deposit (Attach Voided Check) I authorize Cottonwood Communities, Inc. or its agent (Collectively, Cottonwood) to deposit my distributions in the checking or savings around identified bel w. This authority will remain in force until I notify Cottonwood in writing to cancel it. In the even that Cottonwood deposits funds erroneously into my account, Cottonwood is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit (not available for Qualified plans)**

- Checking Savings

Financial Institution Name: _____

ABA/Routing Number: _____

Account Number: _____



5. ELECTRONIC DELIVERY ELECTION

Check this box if you would like to receive your investor correspondence electronically.

By checking this box, Cottonwood may either (i) email you investor communications directly or (ii) make investor communications available on its web site at www.cottonwoodresidential.com and notify you via email when such documents are available. Documents may be delivered or posted in HTML format or as a PDF file. If you elect this option, you will need Adobe Acrobat Reader software to view the documents in PDF format. The investor communications that may be delivered electronically include annual reports or transactions with affiliates, acquisition, and other information updates, proxy statements, and annual reports, and all other investor communications and documents that may be delivered to investors electronically, including any documents required to be delivered to investors under federal and state securities laws. **You must provide a valid e-mail address if you select this option.** The company may choose to send one or more items to you in paper form despite your consent to electronic delivery. Your consent will be effective until you revoke it by contacting Cottonwood Residential, Inc., 430 W. 7th Street, Suite #219065, Kansas City, MO 64105, T: (844) 422-2584. You may also request a paper copy of any particular investor document.

By electing electronic delivery, you understand that you may incur certain costs associated with spending time online and downloading and printing investor documents. Electronic delivery also involves risks related to system or network outages that could impair your timely receipt of or access to investor documents.

Check this box if you are currently enrolled in electronic delivery and no longer wish to receive your investor correspondence electronically.

Please note that revoking your consent applies to all documents and not to a portion of the deliverable documents.

6. FINANCIAL ADVISOR OR INVESTOR REPRESENTATIVE CHANGE

New Broker-Dealer or Financial Institution Name: _____

New Financial Advisor/Investor Representative Name(s): _____

Advisor Number/Team ID#: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

7. BROKER-DEALER AND/OR REGISTERED INVESTMENT ADVISOR SIGNATURES

This section must be signed if you are electing to participate in the DRIP program in section 4 or if you are updating your Financial Advisor or Investor Representative in section 6.

The registered representative ("Registered Representative") of the stockholder's participating broker-dealer ("Broker-Dealer") or an authorized representative of the stockholder's Registered Investment Advisor ("Registered Investment Advisor"), as applicable, must sign below to complete the order. The Registered Representative hereby warrants that he or she and the Broker-Dealer are duly licensed and may lawfully sell shares of common stock in the state designated as the stockholder's legal residence. The Registered Investment Advisor represents that such advisor is either registered under the Investment Advisers Act of 1940 or exempt from registration. The Broker-Dealer or Registered Investment Advisor agrees to maintain records of the information used to determine that the investment in shares is suitable and appropriate for the stockholder for a period of six years. The undersigned confirms by his or her signature that the Broker-Dealer or Registered Investment Advisor (i) has reasonable grounds to believe that the information and representations concerning the stockholder identified herein are true, correct, and complete in all respects; (ii) has discussed such stockholder's prospective purchase of share with such stockholder; (iii) has advised such stockholder of all pertinent



7. BROKER-DEALER AND/OR REGISTERED INVESTMENT ADVISOR SIGNATURES - (cont'd)

facts with regard to the liquidity and marketability of the shares and other fundamental risks related to the investment in the shares; (iv) has delivered the prospectus (as supplemented) to such stockholder; (v) has reasonable grounds to believe that the stockholder is purchasing these shares for his or her own account and (vi) has reasonable grounds to believe that the purchase of shares through the stockholder's initial election to participate in, or increased participation in, the Distribution Reinvestment Plan, as applicable, is a suitable and appropriate investment for such stockholder, that such stockholder meets the suitability standards applicable to such stockholder as set for in the prospectus (as supplemented), that such stockholder is in a financial position to enable such stockholder to realize the benefits of such an investment and to bear the economic risk and suffer any loss that may occur with respect thereto, and that such stockholder has an apparent understanding of the fundamental risks of the investment, the risk of losing the entire investment, the lack of liquidity and restrictions on transferability of the shares and the tax consequences of the investment.

Name of Registered Representative/Authorized Representative

Date

8. REQUIRED SIGNATURES - Required for ALL Changes

Required Signature(s) – All Investors or Authorized Representative(s)

SIGNATURE OF INVESTOR/TRUSTEE

DATE

SIGNATURE OF CO-INVESTOR/TRUSTEE

DATE

A Medallion Signature Guarantee Stamp (MSG) is required when the custodian is signing on behalf of the Investor/Trustee and/or when the Investor's name is changed.

Medallion Signature Guarantee



The completed form must be submitted, along with any required additional documents, to:

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

**Phone: 844.422.2584
Fax: 855.338.1452**

Email: cottonwood@dstsystems.com

