



## Distribution Options Change Form

Standard Mail: Healthcare Trust of America, PO Box 219108, Kansas City, MO 64121-9108  
Overnight Mail: Healthcare Trust of America, c/o DST Systems, Inc, 430 W 7<sup>th</sup> St, Kansas City, MO 64105  
For Questions, Phone: (888) 801-0107 Fax: (866) 825-1371

This form may be used by any current investor (an "Investor") in Healthcare Trust of America, Inc. to change their distribution option.

For all custodial account registrations, this form must be signed by both investor and custodian.

### 1. INVESTOR INFORMATION

Please print the exact current registration in which Shares are registered. Include custodian or trust name if applicable.

Name of Investor: \_\_\_\_\_

Name of Joint Owner: \_\_\_\_\_

Account Number: \_\_\_\_\_

Tax ID / Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 2. DISTRIBUTION OPTIONS

You may choose to have your distributions applied in up to three different ways. Please indicate your preference(s) below. If this is an additional purchase, and you have selected a new distribution allocation, this new allocation will be retroactive to all previous shares and will affect all future distributions.

Allocation %

\_\_\_\_\_ %  I would like to participate in the Distribution Reinvestment Plan.

\_\_\_\_\_ %  I would like to receive a distribution check mailed to my mailing address listed above. Distributions paid to the address of record are not available for custodial account registrations. Investments registered as such will have distributions sent directly to the custodian FBO the investor.

\_\_\_\_\_ %  I would like for my distribution to be deposited into a third-party (non-custodial only) account per my instructions below. I authorize Healthcare Trust of America, Inc. or its agent to deposit my distribution into the provided third party account listed below. An automated deposit entry shall constitute the receipt for each transaction. This authority will remain in force until I notify Healthcare Trust of America, Inc. in writing to cancel it at such time and such manner as to give Healthcare Trust of America, Inc. reasonable time to act. In the event that Healthcare Trust of America, Inc. deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit. Distributions paid to the address of record or third party account are not available for custodial account registrations. Investments registered as such will have distributions sent directly to the custodian FBO the investor. For deposits into checking accounts, please enclose a voided check (note: you may not direct deposit via ACH to brokerage account). By enclosing a voided check, you authorize Healthcare Trust of America, Inc. or its transfer agent to begin making electronic deposits to the designated checking account.

100% Distribution must be made in whole percentages equaling 100%

