Transfer Instructions and Forms

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 7th St, Kansas City, MO 64105
For Questions, Phone: (888) 801-0107    Fax: (866) 825-1371

The following are instructions and forms needed to transfer shares of common stock (“Shares”) of Healthcare Trust of America, Inc. (the “Company”).

1. The transferor is the entity that is the current owner. The transferee is the entity to which the shares are to be transferred.

2. All transferor and transferee signatures must be guaranteed by a member of an approved Signature Guarantee Medallion Program.

3. The Transfer Acknowledgement form must be completed and signed by the entity that is facilitating the transfer. This form may not be signed by the custodian of the investment.

4. The Transferee Acknowledgement form must be completed and signed by the entity that the shares are to be transferred.

5. If the transferee is an entity other than an individual (e.g., a trust, corporation, limited partnership, general partnership or limited liability company), please enclose a copy of the trust agreement, articles of incorporation, or other information pertinent to your type of entity.

6. If the transfer is due to a death, please enclose a copy of the death certificate. If there is an executor of the estate, please enclose a copy of the Letters of Administration or court appointment of the executor dated within 90 days of the submission of the transfer forms.

7. If the transfer is due to a divorce, please enclose relevant pages of the divorce decree.

8. If the account involves a custodian, forward this form to the custodian for its signature and Medallion stamp guarantee with instructions to return it to the transfer agent as indicated below.

9. Please return the completed forms to Healthcare Trust of America, PO Box 219108, Kansas City, MO 64121-9108 or for overnight submission, please utilize Healthcare Trust of America c/o DST Systems, Inc, 430 W 7th Street, Kansas City, MO 64105.

10. If you have any questions, please contact our Investor Services Department for assistance; toll free at (888) 801-0107.
IMPORTANT NOTICE

A. The Shares are subject in all respects to and governed by the charter and bylaws of the Company.

B. Shares may be transferred only by the record owner in person or by duly authorized agent or attorney upon completion of forms obtained from the Company duly executed, delivery of the forms and such other documents as the Company may require to the Company, and payment in full of the Shares and any applicable transfer tax. The transfer of Shares is subject to all the limitations and restrictions contained in the charter and bylaws of the Company and including compliance with all applicable state and federal securities laws.

C. The Company may admit a transferee as a stockholder upon fulfillment of the following conditions: (1) the interest acquired by the transferee and retained by the transferor, if any, is at least 100 shares ($1,000); (2) payment has been made to the Company of all reasonable expenses incurred by the Company in connection with the transferee's admission as a stockholder; (3) the transferor has executed and delivered to the Company the Transferor Transfer Form; (4) the transferee has executed and delivered to the Company the Transferee Transfer Form; and (5) subject to restrictions in the charter and bylaws of the Company and including compliance with all applicable state and federal securities laws.

D. The transfer of Shares will be effective and the transferee of the shares will be recognized as the holder of such Shares within five business days of the Company's receipt of the required documentation, subject to restrictions in our charter. The Company shall be entitled to treat the transferor of such Shares interest as the absolute owner thereof in all respects, and shall incur no liability for distributions made in good faith to such transferor, until such time as the properly completed written instrument of transfer and all other required documentation has been received by the Company and recorded on its books.

E. A transfer of shares will terminate participation in the Company’s Distribution Reinvestment Plan (“the Plan”) with respect to such transferred Shares unless the transferee demonstrates to the reinvestment agent that the transferee meets the requirements for participation in the Plan and affirmatively elects to participate in the Plan by providing to the reinvestment agent an executed enrollment form or other written authorization required by the reinvestment agent. If the Transferor (original owner) is participating in the Plan at the time of transfer, then distributions owed and paid after the transfer date will be paid in the form of cash and not reinvested in additional shares. The transferor will continue to earn distributions up until and including the transfer date.

All transferees must meet the suitability standards set forth in the “Suitability Standards” section of the prospectus applicable to such transferee. In the case of sales to fiduciary accounts, the suitability standards must be met by the fiduciary account, by the person who directly or indirectly supplied the funds for the purchase of the shares or by the beneficiary of the account. Given the long-term nature of an investment in our shares, our investment objectives and the relative illiquidity of our shares, our suitability standards are intended to help ensure that shares of our common stock are an appropriate investment for those of you who become investors.
Transfer Instructions—Transferor Transfer Form

1. TRANSFEROR INFORMATION
Please print name(s) in which Shares are currently registered. Include trust name if applicable. If an IRA, or qualified plan, include both investor and custodian names and tax ID numbers.

Mr.    Mrs.    Ms.    Mr. & Mrs.    Other

Name of Investor:_____________________________________________________________________________________________
Tax ID / Social Security Number_________________________________________________________________________________
Date of Birth / Incorporation____________________________________
Name of Joint Owner:__________________________________________________________________________________________
Tax ID / Social Security Number_________________________________________________________________________________
Date of Birth / Incorporation____________________________________
Legal Address (cannot be a P.O. Box)
City:_______________________________________________________State:__________________Zip Code:__________________
Mailing Address
City:_______________________________________________________State:__________________Zip Code:__________________
Home Telephone:________________________________________Business Telephone:____________________________________
E-Mail:_____________________________________________________________________________________________________

Transfer on Death Beneficiary Information (For Individual or Joint Accounts only)
Name:______________________________________________________________________________________________________
Tax ID / Social Security Number___________________________________________ Primary_____________%________________
Name:______________________________________________________________________________________________________
Tax ID / Social Security Number___________________________________________ Primary_____________%________________

Custodian Information (if registered under IRA, Keogh, or Qualified Retirement Plan)
Name of Institution ___________________________________________________________________________________________
Street Address________________________________________________________________________________________________
City:_______________________________________________________State:__________________Zip Code:__________________
Account Number:____________________________________Tax ID:_________________________Phone:____________________

2. TRANSFER/MINIMUM RETAINED INVESTMENT: Please note that the minimum transfer is 100 shares ($1,000).

Number of Shares to be transferred ________________ Number of Shares held after transfer__________________
FOR VALUE RECEIVED, the undersigned (insert your name exactly as you hold title to the Shares you are transferring)

_______________________________________________________________________________________

and whose Social Security or Taxpayer Identification Number is________________________________________________________

herby sells, assigns and transfers unto (name(s))____________________________________________________________________

whose address is_____________________________________________________________________________________________

and whose Social Security or Taxpayer Identification Number is_______________________________________________________

an aggregate of_________________________________________Shares.

Transfer Instructions—Transferor Acknowledgement

The undersigned transferor(s) (the “Transferor”), in connection with the undersigned’s request to transfer Shares in Healthcare Trust of America, Inc. (the “Company”), hereby represents and warrants to the Company that the following statements are true:

1. The Transferor has completed all forms required by the Company.
2. The Transferor acknowledges that the Shares were originally purchased for long-term investment.
3. The Transferor has agreed upon the requested transfer and agrees that none of the Company, the Board of Directors, or any affiliates, agents or representatives of the Company shall be responsible for any loss incurred by Transferor as a result of such transfer.
4. The Transferor understands that the transfer (both of the entire interest, including voting rights, and of the right to receive distributions) may only be made in compliance with the Prospectus (including the requirements and restrictions described in the Notices Section above) and will not be effective if not in compliance therewith.
5. The Transferor has received no representations or warranties from the Company, the Board of Directors, or any affiliates, agents or representatives of the Company as it relates to this transfer.
6. The Transferor agrees that the Transferee may revoke his agreement to transfer and shall be released from any obligation in connection therewith until such transfer is recorded on the books and records of the Company.
7. By executing this Transferor Form, the Transferor(s) hereby represent(s) and warrants that the transfer is made in accordance with all applicable federal and state securities laws and regulations. The signature(s) to this Transferor Transfer Form must correspond with the name(s) in which you hold the Shares, in every particular, without alteration or any change whatsoever.

IN WITNESS WHEREOF, the undersigned has executed this Acknowledgement as of the _____ day of _______________ , 20__.

__________________________________________
Medallion Stamp Signature Guarantee    Signature (Title, if applicable)
__________________________________________
Name

__________________________________________
Medallion Stamp Signature Guarantee    Signature (of Joint Owner, if any)
__________________________________________
Print Name
Transfer Instructions—Transferee Transfer Form

(1) INVESTMENT

This transfer is in the amount of $___________ for the purchase of _______ Shares. The minimum transfer is 100 shares ($1,000).

Do you currently own, beneficially or of record, any other Shares? _______. If so, how many___________________.

☐ Automatic Investment Plan. Please check this box if you wish to authorize additional investments in the Fund via automatic debits from your bank account. A separate registration form is required to participate.

(2) NON CUSTODIAL OWNERSHIP

☐ Individual
☐ Joint Tenants with Right of Survivorship
☐ Trustees or Grantor(s) name(s)
☐ All parties must sign & initial
☐ Tenants in Common
☐ Currently Revocable
☐ All parties must sign & initial
☐ Community Property
☐ Irrevocable
☐ All parties must sign & initial

☐ Pension or Profit Sharing Plan
☐ Uniform Gift to Minor Act or the
☐ Trustee or Grantor(s) signature required
☐ Uniform Transfers to Minors Act
☐ Trustee or Grantor(s) signature required
☐ DATE ESTABLISHED
☐ Partnership
☐ Currently Revocable
☐ Authorized signature and Corporate resolution required
☐ Company or Corporation
☐ Irrevocable
☐ Other:

NAME OF TRUST OR BUSINESS ENTITY

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

NAME OF CUSTODIAN OR TRUSTEE

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

MAILING ADDRESS

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

CITY

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

STATE

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

ZIP CODE

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

(3) CUSTODIAL OWNERSHIP

Sends ALL paperwork directly to the custodian

SECTION (1a) CUSTODIAN/TRUST/BUSINESS ENTITY TAX ID

ACCOUNT #

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

NAME OF CUSTODIAN OR OWNER ADMINISTRATOR

☐ Traditional IRA
☐ Roth IRA
☐ Keogh
☐ Simplified Employee Pension/Trust (SEP)
☐ Qualified Pension or Profit Sharing Plan
☐ Non-Qualified Custodial Account

Transfer on Death Beneficiary Information (For Individual or Joint Accounts only)

Name:________________________________________

Tax ID / Social Security Number__________________________ Primary______ %

Name:________________________________________

Tax ID / Social Security Number__________________________ Primary______ %

* Investors who are plan participants under a registered IRA, Keogh, Qualified Pension Plan or Qualified Profit Sharing Plan program may be eligible to purchase such investment through such accounts. No representations are made, and the offeror disclaims any responsibility or liability to the plan custodian, plan administrators, plan participants, investors, or beneficiaries thereof as to the tax ramifications of such investment, the suitability or eligibility of such investment under the respective plan, or that such Investment comports with ERISA, Internal Revenue Service or other governmental rules and regulations pertaining to such plan investments and rights there under. A separate private investment form or similar documentation from the Plan Custodian/Administrator and plan participants/investors is required for investment through these types of accounts.

** Investors who qualify may elect Transfer on Death (TOD) registration for such investment account. TOD registration is designed to give an owner/investor of securities the option of a non-probate transfer at death of the assets held in the account by designating proposed beneficiary(ies) to receive the account assets upon the owner/investor’s death. TOD registration is available only for owner(s)/investor(s) who (1) is a natural person or (2) two natural persons holding the account as Tenants by the Entirety or (3) two or more natural persons holding the account as Joint Tenants with Right of Survivorship or (4) a married couple holding the account as community property with right of survivorship. The following forms of ownership are ineligible for TOD registration: Tenants in Common, community property without survivorship, non-natural account owners (i.e., entities such as corporations, trusts or partnerships), and investors who are not residents of a state that has adopted the Uniform Transfer on Death Security Registration Act.
4. TRANSFEREE INFORMATION
Name(s) and address will be recorded exactly as printed below.

<table>
<thead>
<tr>
<th>SECTION (4a)</th>
<th>NAME OF INVESTOR OR TRUSTEE (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mr.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF JOINT INVESTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INVESTOR DATE OF BIRTH (MM-DD-YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVESTOR DATE OF BIRTH (MM-DD-YYYY)</td>
</tr>
<tr>
<td>INVESTOR SSN</td>
</tr>
<tr>
<td>INVESTOR TAX ID#</td>
</tr>
<tr>
<td>JOINT INVESTOR DATE OF BIRTH (MM-DD-YYYY)</td>
</tr>
<tr>
<td>JOINT INVESTOR SSN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION (4b)</th>
<th>HOME ADDRESS (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SECTION (4c)</th>
<th>ALTERNATE ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CITY</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION (4d)</th>
<th>HOME PHONE (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BUSINESS PHONE</td>
</tr>
<tr>
<td></td>
<td>EXTENSION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION (4e)</th>
<th>Please indicate Citizenship Status (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U.S. Citizen</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8BEN-E, W-8EXP or W-8IMY) in order to make an investment.

5. DISTRIBUTION OPTIONS

<table>
<thead>
<tr>
<th>Mail to Street Address (4b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution Reinvestment Plan</td>
</tr>
<tr>
<td>Investor elects to participate in the Distribution Reinvestment Plan described in the Prospectus and reinvest the entire cash distribution</td>
</tr>
<tr>
<td>Distributions Directed to:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail to Alternate Address (4c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail to Alternate Address (4c)</td>
</tr>
<tr>
<td>Via Electronic Deposit (ACH)</td>
</tr>
<tr>
<td>Complete information below and in &quot;I&quot; language in Section 5 of the instructions</td>
</tr>
<tr>
<td>Checking (must be used)</td>
</tr>
<tr>
<td>Savings (statement from bank must be provided)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRIBUTION BANKING ACCOUNTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BANK APLD FOR CHECK (check appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Electronic Delivery: Check here if you consent, in the event that Healthcare Trust of America, Inc. elects to deliver any stockholder communications electronically in lieu of mailing paper documents, to receiving such communications via e-mail notice that such communications are available on Healthcare Trust of America, Inc. website.
6. TRANSFEREE SIGNATURES
Please carefully read and separately initial each of the representations below. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf.

The undersigned further acknowledges and/or represents (or in the case of fiduciary accounts, the person authorized to sign on such investor’s behalf) the following (ALL appropriate lines must be initialed):

<table>
<thead>
<tr>
<th>Initials</th>
<th>Investor</th>
<th>Joint Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) All investors except those that are residents of the state of Minnesota acknowledge receipt, not less than five (5) business days prior to the signing of this document, of the prospectus of the company relating to the shares, wherein the terms and conditions of the offering of the shares are described, including among other things, the restrictions on ownership and transfer of shares, which require, under certain circumstances that a holder of shares shall give written notice and provide certain information to the company.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) I (we) represent that I (we) either: (i) have a net worth (excluding home, home furnishings and automobiles) of at least $150,000 or (ii) a net worth (as described above) of at least $45,000 and had during the last tax year or estimate that I (we) will have during the current tax year a minimum of $45,000 annual gross income, or that I (we) meet the higher suitability requirements imposed by the state of primary residence as set forth in the Prospectus under “Suitability Standards.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) I (we) understand that I (we) will not be admitted as a stockholder until my (our) investment has been accepted. Depositing of my (our) check alone does not constitute acceptance. The acceptance process includes, but is not limited to, reviewing transfer documents for completeness and signatures, conducting an Anti-Money Laundering check as required by the USA Patriot Act and, depositing of funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) I (we) acknowledge that the shares are not liquid, there is no current market for the shares and the stockholder(s) may not be able to sell the securities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) I (we) represent that I am (we are) purchasing the shares for my (our) own account; or, if I am (we are) purchasing shares on behalf of a trust or other entity of which I am (we are) trustee(s) or authorized agent(s), then I (we) represent that I (we) have due authority to execute transfer document and do hereby legally bind the trust or other entity of which I am (we are) trustee(s) or authorized agent(s). The trustee(s) or authorized agent(s) agree to indemnify Healthcare Trust of America, Inc. and its affiliates, and to hold them harmless from and against all liabilities as a result of claims, demands or judgments against them arising from any transactions in reliance on this transfer document.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) I (we) represent that I am (we are) not a person(s) with whom dealing by U.S. Persons is (are) prohibited under any Executive Order or federal regulation administered by the U.S. Treasury Department’s Office of Foreign Asset Control.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) I (we) acknowledge that if the investor name or registration used in this transfer document does not correspond exactly to the Payor printed on the check, the company may request documents or other evidence as it may reasonably require to correlate the Registration to the Payor on the check.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Transferee</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Joint Transferee, if applicable</td>
<td>Print Name</td>
<td>Date</td>
</tr>
</tbody>
</table>
Transfer Instructions—Transferee Acknowledgement
Healthcare Trust of America, Inc.

The undersigned transferee(s) (the “Transferee”), in connection with the undersigned’s submission to acquire Shares in Healthcare Trust of America, Inc. hereby represents and warrants to the Company that the following statements are true:

1. The Transferee has completed all forms required by the Company.
2. The Transferee has received a copy of the Prospectus for the public sale of Shares.
3. The Transferee acknowledges that the Shares are being acquired for long-term investment and that there are significant limitations on the transfer of Shares.
4. The Transferee meets the suitability standards set forth in the prospectus, including any additional suitability standards required by state securities authorities which are applicable to the Transferee.
5. The Transferee is in a financial position appropriate to enable the Transferee to realize to a significant extent the benefits of the Transferee’s investment in the Shares, has adequate means for providing for his current needs and personal contingencies, has sufficient net worth and income to sustain the risks inherent in the investment, including limited liquidity of the investment, and believes the investment is otherwise suitable.
6. The Transferee is not a nonresident alien or a foreign corporation, partnership, trust, or estate for purposes of U.S. income taxation, and the Transferee will inform the Company within 60 days of the date of which the Transferee becomes a nonresident alien or foreign entity.
7. The Transferee has received no representations or warranties from the Company, the Board of Directors, or any affiliates, agents or representatives of the Company as it relates to this transfer.
8. The Transferee agrees that the Transferor may revoke its agreement to transfer and shall be released from any obligation in connection therewith until such transfer is recorded on the books and records of the Company.
9. The Transferee hereby acknowledges all of the terms and provisions of the Prospectus, as amended or supplemented through the date hereof.
10. By executing this Transferee Transfer Form, the Transferee(s) hereby represent(s) and warrants to the Company that the transfer is made in accordance with all applicable federal and state securities laws and regulations.

IN WITNESS WHEREOF, the undersigned has executed this Acknowledgement as of the _____ day of _______________, 20__. 

__________________________________________
__________________________________________
Medallion Stamp Signature Guarantee      Signature of Transferee (Title, if applicable)

__________________________________________
__________________________________________
Print Name

__________________________________________
__________________________________________
Medallion Stamp Signature Guarantee      Signature of Joint Transferee, if applicable

__________________________________________
__________________________________________
Print Name

7. BROKER/DEALER / REGISTERED REPRESENTATIVE INFORMATION (to be completed by transferee registered representative)

The Broker-Dealer or authorized representative must sign below to complete order. Broker-Dealer warrants that it is a duly licensed Broker-Dealer and may lawfully offer Shares in the state designated as the investor’s address or the state in which the sale was made, if different. The Broker-Dealer or authorized representative warrants that he/she has reasonable grounds to believe this investment is suitable for the subscriber as defined in Section 3(b) of the Rules of Fair Practice of the NASD Manual and that he/she has informed subscriber of all aspects of liquidity and marketability of this investment as required by Section 4 of such Rules of Fair Practice.

Broker-Dealer Name:______________________________  Phone:___________________________________________

Broker-Dealer Mailing Address:_________________________________________________________________________________

City:_________________________________________ State:__________________       Zip Code:_______________________

Registered Principal, Signature, if required:__________________________________________________________________________________

Registered Representative Name:___________________________________________________________________________________________

Phone:______________________     Fax:______________________

Registered Representative E-mail address:___________________________ Healthcare Trust of America, Inc. may use this e-mail address to provide an e-mail notification receipt of this subscription and additional information from Healthcare Trust of America, Inc

Registered Representative Mailing Address:___________________________________________ City:_______________ State:____ Zip ________

Registered Representative Signature:__________________________________________________________.

8