



### **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 7<sup>th</sup> 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 7<sup>th</sup> 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 \_\_\_\_\_



**3. 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)
	_____ Print 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**

<input type="checkbox"/> Individual One signature required & initial	<input type="checkbox"/> Pension or Profit Sharing Plan Trustee or custodian signature required	<input type="checkbox"/> Uniform Gift to Minors Act or the Uniform Transfers to Minors Act Custodian signature required
<input type="checkbox"/> Joint Tenants with Right of Survivorship All parties must sign & initial	<input type="checkbox"/> Trust Trustee or Grantor signature(s) and copy of trust document required DATE ESTABLISHED _____	<input type="checkbox"/> Partnership Authorized signature required
<input type="checkbox"/> Tenants in Common All parties must sign & initial	<input type="checkbox"/> Currently Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/> Other: _____ SPECIFY _____
<input type="checkbox"/> Community Property All parties must sign & initial	<input type="checkbox"/> Company or Corporation Authorized signature and Corporate resolution required	

Traditional IRA     Roth IRA     Keogh     Simplified Employee Pension/Trust (S.E.P.)     Qualified Pension or Profit Sharing Plan     Non-Qualified Custodial Account

**(3) CUSTODIAL OWNERSHIP**

Send ALL paperwork directly to the custodian

NAME OF TRUST OR BUSINESS ENTITY  
[Grid for name entry]

NAME OF CUSTODIAN OR TRUSTEE  
[Grid for name entry]

MAILING ADDRESS  
[Grid for address entry]

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE  
[Grid for phone number entry]

SECTION (3)a  
CUSTODIAN/TRUST/BUSINESS ENTITY TAX ID # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

NAME OF CUSTODIAN OR OTHER ADMINISTRATOR  
[Grid for name entry]

**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.

(4)

INVESTOR INFORMATION REQUIRED

REQUIRED

SECTION (4)a  
 NAME OF INVESTOR OR TRUSTEE (REQUIRED)  Mr.  Mrs.  Ms.  Other \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF JOINT INVESTOR  Mr.  Mrs.  Ms.  Other \_\_\_\_\_  
 \_\_\_\_\_  
 INVESTOR DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_ JOINT INVESTOR DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_ INVESTOR TAX ID# \_\_\_\_\_  
 INVESTOR SSN \_\_\_\_\_ JOINT INVESTOR SSN \_\_\_\_\_  
 SECTION (4)b  
 HOME ADDRESS (REQUIRED) NO P.O. BOXES  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 SECTION (4)c  
 ALTERNATE ADDRESS  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 SECTION (4)d  
 HOME PHONE (REQUIRED) \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_  
 SECTION (4)e Please indicate Citizenship Status (REQUIRED)  
 U.S. Citizen  Resident Alien  Non-Resident Alien\*  Employee, Affiliate or Board Member  
 \*If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W-8EXP or W-8IMY) in order to make an investment.

(5)

DISTRIBUTION OPTIONS

Mail to Street Address (4b)  
 Distribution Reinvestment Plan  
 Investor elects to participate in the Distribution Reinvestment Plan described in the Prospectus and reinvest the entire cash distribution  
 Distributions Directed to:  
 Mail to Alternate Address (4c)  
 Via Electronic Deposit (ACH)  
 Complete information below. See ACH Language in Section 5 of the instructions.  
 Checking (must enclose voided check)  
 Savings (verification from bank must be provided)

NAME OF BANK, BROKERAGE FIRM OR INDIVIDUAL \_\_\_\_\_  
 DISTRIBUTION MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 BANK ABA# (FOR ACH ONLY) \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
 MUST ENCLOSE A VOIDED CHECK IF IT IS A CHECKING ACCOUNT

- 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.



**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: \_\_\_\_\_.