



HEALTHCARE TRUST INC



Computershare

PO Box 505013

Louisville, KY 40233-5013

Within USA, US territories & Canada: 888-796-2490

Outside USA, US territories & Canada: 781-575-2428

www.computershare.com/advisorportal

advisorportalsupport@computershare.com

Name

Address

City, State, Zip

Computershare Account Number

C

Financial Advisor / Financial Institution Account Maintenance Form

PLEASE PRINT CLEARLY

1. INVESTOR INFORMATION

Provide the Account Name or Registration exactly as it appears on the account, including ALL names / entities listed on the account:

Form A: Account Name or Registration (three rows of input boxes)

Current Street Address / PO Box

Apt. / Unit Number

Form B: Current Street Address / PO Box and Apt. / Unit Number (input boxes)

City

State

Zip Code

Form C: City, State, and Zip Code (input boxes)

Daytime Telephone Number

Social Security Number (SSN) or Employer Identification Number (EIN)

(do not use hyphens)

Form D: Daytime Telephone Number (input box)

Form E: Social Security Number or EIN (input box)

SSN [ ] EIN [ ]

Form F: Check box

Check here if you wish to update the current address.

New Address, if applicable: If you checked the box for Item F above, please provide the new address.

New Street Address / PO Box

Apt. / Unit Number

Form G: New Street Address / PO Box and Apt. / Unit Number (input boxes)

City

State

Zip Code

Form H: City, State, and Zip Code (input boxes)



## 2. INVESTOR'S FINANCIAL ADVISOR INFORMATION

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the account. Please note, the investor must sign in the "Investor's Signature" section (section 3) in order to grant consent for the investor's Financial Advisor and Financial Advisor's Institution to have view-only access to all account information. If any part of this section is left blank, no Financial Advisor will be added to the account and the financial advisor will not have access to the Advisor Portal.

### FINANCIAL ADVISOR INFORMATION

Name

**A**

CRD Number Assigned by FINRA **B**  Telephone Number (do not use hyphens) **C**  Ext.

E-mail Address (This email address will be used as the login username on Computershare's advisor portal)

**D**

### FINANCIAL ADVISOR'S INSTITUTION INFORMATION

Financial Institution Name

**G**

CRD Number Assigned by FINRA **H**  Telephone Number (do not use hyphens) **I**  Ext.

Street Address / PO Box **E**  Apt. / Unit Number

City **K**  State  Zip Code

## 3. INVESTOR'S SIGNATURE

By signing below, the investor(s) gives consent to Computershare to grant view-only access of all account information to the Financial Advisor and the Financial Advisor's Institution if provided in section 2 above. Such consent will remain in place until the investor notifies Computershare to revoke such consent.

Signature 1  Signature 2 (if applicable)  Date (mm / dd / yyyy)

Mail completed form to:

**Regular Mail**

Computershare  
PO Box 505013  
Louisville, KY 40233-5013

**Overnight Delivery**

Computershare  
462 South 4th Street, Suite 1600  
Louisville, KY 40202

For additional inquiries, please e-mail us at [advisorportalsupport@computershare.com](mailto:advisorportalsupport@computershare.com).

