



# PHILLIPS EDISON GROCERY CENTER REITS DISTRIBUTION REINVESTMENT FORM

By signing below, I agree that I have received the Prospectus and the Dividend/Distribution Reinvestment Plan for the company designated below. I elect to participate in the applicable Dividend/Distribution Reinvestment Plan described in the applicable Prospectus and reinvest my cash distribution as follows:

Cash \_\_\_\_\_ %  
 DRP \_\_\_\_\_ %  
TOTAL = 100%

**PLEASE CHECK ALL PHILLIPS EDISON INVESTMENTS THAT APPLY (REQUIRED):**

Acct. #

- Phillips Edison & Company \_\_\_\_\_
- Phillips Edison Grocery Center REIT III \_\_\_\_\_

Complete this form and return to address below.

**Please send to:**  
Phillips Edison Grocery Center REITs  
P.O. Box 219912, Kansas City, MO 64121-9912

**Overnight Mail:**  
Phillips Edison Grocery Center REITs  
c/o DST Systems, Inc., 430 W 7th St.,  
Kansas City, MO 64105-1407

## INVESTOR ACCOUNT INFORMATION

INVESTOR NAME(S)

INVESTOR NAME(S)

PHONE NUMBER

 -  - 

EMAIL ADDRESS

LAST 4 DIGITS OF PRIMARY ACCOUNT HOLDERS TIN/SSN (required)

ACCOUNT NUMBER

• I acknowledge that I have the duty to promptly notify the above-referenced company and my broker-dealer in writing if, at any time during which I am participating in the applicable Dividend/Distribution Reinvestment Plan, I fail to meet the suitability requirements for making an investment in the company, as set forth in the Prospectus for the applicable Dividend/Distribution Reinvestment Plan.

**ALL REGISTERED ACCOUNT OWNERS ARE REQUIRED TO SIGN**

PRIMARY ACCOUNT OWNER

DATE

JOINT ACCOUNT OWNER (CUSTODIAN)

DATE

CUSTODIAL ACCOUNTS REQUIRE A MEDALLION ON STAMP GUARANTEE OR APPROVAL BY THE CUSTODIAN

PECO-IU3970(1118)

Questions regarding your account should be directed to: **888.518.8073**

