



PHILLIPS EDISON GROCERY CENTER REITs ACCOUNT UPDATE FORM

PLEASE CHECK ALL INVESTMENTS THAT APPLY (REQUIRED):

Acct. # _____

- Phillips Edison & Company _____
- Phillips Edison Grocery Center REIT III _____

Complete this form and return to address below.

Regular Mail: Phillips Edison Grocery Center REITs
P.O. Box 219912,
Kansas City, MO 64121-9912

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

Fax: 877.894.1127
(Fax only accepted on non-custodial accounts)

INSTRUCTIONS Please complete all applicable sections depending upon your account change(s). Check all boxes that apply.

- CHANGE OF ADDRESS** (Sections 1, 2 & 5) **CHANGE OF REPRESENTATIVE OR BROKER-DEALER** (Sections 1, 3 & 5) **DISTRIBUTION INSTRUCTIONS** (Sections 1, 4 & 5)

1.) CURRENT ACCOUNT OWNER INFORMATION

ACCOUNT NAME(S)

TELEPHONE NUMBER

 - -

REGISTERED OWNER'S SSN

 - -

2.) CHANGE OF ADDRESS

If you are providing an address outside of the U.S., please complete the following by indicating citizenship status (required):

- U.S. Citizen Resident Alien Non-Resident Alien

If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W8EXP OR W8IMY).

Please indicate whether the change of address pertains to the:

- Mailing Address or Alternate Address

ADDRESS

CITY

STATE

ZIP CODE

NEW HOME TELEPHONE NUMBER

 - -

NEW BUSINESS TELEPHONE NUMBER

 - -

NEW E-MAIL ADDRESS

3.) CHANGE OF REPRESENTATIVE OR BROKER-DEALER

If the account owner chooses to change from one registered representative to another within the same broker-dealer, a signature is only required from an authorized principal of the broker-dealer. If the account owner chooses to transfer account(s) to a different broker-dealer, all registered account owners and an authorized principal from the new broker-dealer must sign. The registered representative on the account may **not** sign as the authorized principal for the broker-dealer. For custodial accounts, a Medallion Guarantee stamp or appropriate authorization from the custodian is required in section 5.

NEW FIRM NAME

NEW REGISTERED REPRESENTATIVE

BRANCH ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

 - -

FAX NUMBER

 - -

SIGNATURE BY
AUTHORIZED PRINCIPAL
REQUIRED

PECO-IU4554(1118)



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4.) DISTRIBUTION INSTRUCTION

Investor Services must be in receipt of this form 30 days prior to declaration of the distribution. This authorization will supersede any previous distribution instructions.

PLEASE CHECK ALL THAT APPLY:

- Elect Direct Deposit/Change Banking Information
- Discontinue Direct Deposit
- Discontinue Distribution Reinvestment Plan
- Mail Distribution Checks to Address of Record
- Mail Distribution Checks to Financial Institution

- Direct Deposit is not available for investments made through brokerage or custodial held accounts.
- When initiating Direct Deposit, you are required to submit either a voided check or letter from the designated financial institution which verifies the direct deposit instructions.
- This form may not be used to enroll in a Distribution Reinvestment Plan (DRIP). Please contact Investor Services for the appropriate enrollment form if DRIP is available for your investment.
- Changes to custodial accounts require a Medallion Guarantee stamp or appropriate authorization from the custodian.

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION

ACCOUNT NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

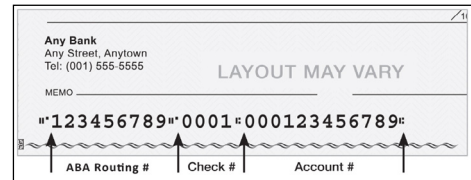
DIRECT DEPOSIT INFORMATION

The above referenced investment(s) is (are) authorized to deposit my (our) distribution directly into the account specified on this form. The authority will remain in force until I (we) have given written notice that I (we) have terminated it, or until the above referenced investment(s) has (have) notified me (us) that this deposit service has been terminated. In the event that the above referenced investment(s) deposit(s) funds erroneously into my (our) account, it is (they are) authorized to debit my (our) account for an amount not to exceed the amount of the erroneous deposit.

Select One:

- Checking Account (voided check required)
- Savings Account

9-DIGIT ROUTING/ABA NUMBER (see example)



5.) SIGNATURES

All Registered Account Owners are Required to Sign

ACCOUNT OWNER SIGNATURE

DATE

JOINT ACCOUNT OWNER OR AUTHORIZED SIGNATURE OF CUSTODIAN

DATE

CUSTODIAL ACCOUNTS REQUIRE A MEDALLION GUARANTEE STAMP OR APPROVAL FROM THE CUSTODIAN