



# PHILLIPS EDISON GROCERY CENTER REITs SHARE REPURCHASE FORM INSTRUCTIONS

**Standard Mail:** 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

**Questions:** (888) 518-8073

**More information:** [www.phillipsedison.com/investors](http://www.phillipsedison.com/investors)

Acct. # \_\_\_\_\_

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

Phillips Edison & Company \_\_\_\_\_

Phillips Edison Grocery Center REIT III \_\_\_\_\_

## INSTRUCTIONS

### 1

#### Required for ALL repurchase requests.

Qualifying stockholders who desire to request a redemption of their shares must have the Redemption Application completed and executed where indicated by ALL parties who have ownership of the shares.

**Please Note:** A medallion-stamped signature guarantee is required in order to process each transaction. If the ownership is held in joint tenancy, then all parties must sign. If the shares are held through a custodian, as in the case of an IRA, after you sign the form, please forward it to your custodian for their authorization and signature.

Please contact your financial advisor with any questions.

#### Registration Name(s) on Account

Name of Account Owner: \_\_\_\_\_

SSN (or) TIN: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Joint Account Owner (if applicable): \_\_\_\_\_

SSN (or) TIN: \_\_\_\_\_

Name of Trust or Business Entity (Does not apply to IRA accounts): \_\_\_\_\_

Name of Custodian or Trustee: \_\_\_\_\_

Custodian/Trust/Business Entity Tax ID#: \_\_\_\_\_

Legal Address (No P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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#### Indicate whether this is a full, partial, or value redemption due to death, disability, determination of incompetence, or a standard request.

**Please Note:** If submitting due to death, please attach a copy of the death certificate. If submitting due to disability, please provide the appropriate documentation from one of the approved agencies listed in the Share Repurchase Program: Social Security Administration, U.S. Office of Personnel Management or Department of Veterans Affairs. If submitting due to determination of incompetence, please provide the declaration from a U.S. Court.

#### Redemption Preference

Full Repurchase: Repurchase ALL shares from my (our) account.

Partial Repurchase:

Repurchase \_\_\_\_\_ shares from my (our) account.

#### OR

Repurchase enough shares from my account to net a total dollar amount of \$\_\_\_\_\_.

#### Please indicate reason for redemption:

Repurchase Due to Death

Repurchase Due to Disability

Determination of Incompetence

Standard Repurchase

(If the related repurchase is made on a pro-rata basis, only a portion of the request will be repurchased.)

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**Please Note:** If no election is made, payments will default to the investor's address of record or custodian listed on the registration.

### Payment Information

Please state your instruction to receive the redemption proceeds:

- I prefer for my proceeds to be sent to my mailing address or Custodian of record.
- I prefer for my proceeds to be deposited into a third-party account as instructed below (not available for custodial held accounts).

Institution Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Institution ABA: \_\_\_\_\_

Account Number: \_\_\_\_\_

Street / P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please Note: If the Company does not completely satisfy a repurchase request at month-end because the program administrator did not receive the request in time or because of the limitations on repurchases, then the Company will treat the unsatisfied portion of the repurchase request as a request for repurchase at the next Repurchase Date, unless the repurchase request is withdrawn. Any stockholder can withdraw a repurchase request by sending written notice to the program administrator, provided such notice is received at least five business days before the Repurchase Date. **IF YOU HAVE PREVIOUSLY SUBMITTED A REPURCHASE REQUEST, PLEASE BE ADVISED THAT YOUR PREVIOUS REQUEST WILL BE DISREGARDED ENTIRELY AND THIS NEW REPURCHASE REQUEST WILL BE PROCESSED IN ITS PLACE, ASSUMING IT IS IN GOOD ORDER.** Please contact Investor Services with questions at (888) 518-8073.

## 4

**IN ORDER TO HAVE THIS AGREEMENT EXECUTED, THE INVESTOR(S) MUST SIGN THIS SECTION.**

MEDALLION SIGNATURE GUARANTEES are required for all repurchases. An additional medallion signature guarantee or authorized Custodian signature is required if the account is held through a custodian.

### Signatures of Owner and Co-Owner

All investor(s)/ registration owner(s) must sign this form to authorize the above instruction. The signature(s) to this application must correspond with the name(s) and account registration in which the shares are held, in every particular, without alteration of any change whatsoever.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDALLION SIGNATURE GUARANTEE STAMP

FOR AUTHORIZED REPRESENTATIVE OF CUSTODIAN USE ONLY

Authorized Signature (Custodian or Trustee): \_\_\_\_\_

Date: \_\_\_\_\_

MEDALLION SIGNATURE GUARANTEE STAMP

