
Name

Address

City, State, Zip

Company Name
BLUEROCK HOMES TRUST, INC.

Computershare Account Number
C

Address Change Request 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:

A _____

Current Street Address / PO Box Apt. / Unit Number

B _____

City State Zip Code

C _____

D Daytime Telephone Number

E Social Security Number (SSN) or Employer Identification Number (EIN)
(do not use hyphens)
SSN EIN

2. NEW ADDRESS

New Street Address / PO Box Apt. / Unit Number

F _____

City State Zip Code

G _____

3. SIGNATURES (all investors registered to the account must sign)

Signature 1

Signature 2 (if applicable)

Date (mm / dd / yyyy)
____/____/____

Mail completed form to:

Regular Mail
Computershare
PO Box 43007
Providence, RI 02940-3007

Overnight Delivery
Computershare
150 Royall Street - Suite 101
Canton, MA 02021