

Change of Ownership Form

The purpose of this form is to notify Vertical Bridge of a change of ownership under an existing lease or similar agreement. Once this completed form has been received by Vertical Bridge with all required supporting documentation, all payments due under the applicable lease/agreement will be paid to the new lessor/owner as set forth below. If you have any questions, please contact your Asset Manager SEE MAP >.

Please return this form and required attach	iments to your Asset Man	ager:
Via Fax: (561) 634-3581 or Mail: Vertical Brid	dge REIT, LLC, 22 West Atlar	ntic Avenue, Suite 310 Delray Beach, FL 33444 (Attn: your Asset Manager)
reflect this change. I understand that this new	information may go through the new address. I understa	in an existing lease/agreement. Please update Vertical Bridge's records to a one-month waiting period upon receipt of all documentation before and that in order for Vertical Bridge to make this change, both proof of
To this end, I have attached the following:	(please select)	
PROOF OF OWNERSHIP		
Deed		Electronic Payment Authorization Form You can find the
Will/Probate Record		EPA Form under the Landlord Resources section of our website
Death Certificate		(www.verticalbridge.com) Form W-9 You can find form W-9 under the Landlord Resources
Other (i.e., assignment, purchase ag	reement)	section of our website (www.verticalbridge.com)
·	er than him/herself, the legal	egarding this site. If the legal owner of the property has instructed Vertical owner remains the mandatory recipient of the tax form 1099 and is
VERTICAL BRIDGE SITE I.D. NUM Note: This is the six or seven digit number ass tower or site location.		
NEW LESSOR/OWNER (if multiple les	ssors/owners, attach additi	onal pages)
Name:		
Business Name (if different than above):		
Address (Street Address, Suite Number):		
City, State, Zip:		
Phone Number:		
Fax Number:		
Email Address:		
I/We,		(please print) authorize the above change and have attached
that the information provided herein is true ar	nd correct. Additionally, the claims, demands, suits or cau	ndersigned represents he/she/they are authorized to submit this form and undersigned agree(s) to indemnify and hold Vertical Bridge companies ses of action arising out of any actions taken by Vertical Bridge resulting or/Owner.

Signed:

Date:



Electronic Payment Authorization Form (Page 1)

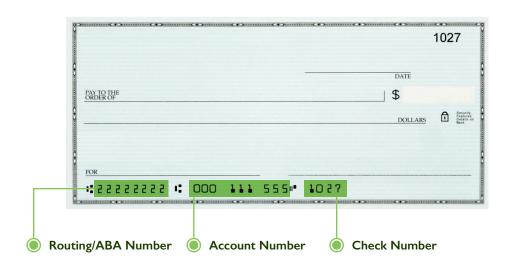
Vertical Bridge records indicate that your most recent payment was made via paper check. Our preferred payment method is via electronic funds transfer (EFT) where we direct deposit your payment to the bank account of your choice. This ensures you receive your payment faster, more secure and in an environmentally friendly way as we look to reduce the use of paper. A payment notice with details will also be emailed to you if you provide an email address.



WHAT DO YOU NEED TO DO TO ENROLL?

Clearly and completely fill out the Authorization form on the reverse and include a voided check. Please include your Vertical Bridge Site I.D. number / Vendor I.D. (found on your Vertical Bridge check stub) so we can correctly identify your account.

See below for a sample voided check to help you learn where the required banking information can be found on your check to include on the form:



PLEASE NOTE:

Payments are sent via ACH. Please contact your financial institution to determine the ACH routing number.

Vertical Bridge strongly encourages you to take advantage of this payment option. All account information will be kept confidential and secure. Vertical Bridge greatly values its relationship with you and is very pleased to offer you the opportunity to receive your payments faster and without reliance on postal delivery.



Electronic Payment Authorization Form (Page 2)

To facilitate the processing of regular contract or other sums that may be due to ("Landlord/Vendor") from Vertical Bridge, and/or its affiliates (collectively "Vertical Bridge"), Landlord hereby agrees as follows:

E-CHECK/ACH AUTHORIZATION

Landlord/Vendor hereby voluntarily authorizes Vertical Bridge and its affiliates, successors and assigns, to initiate automatic credit and corrective debit entries to Landlord/Vendor's bank account as follows: (Please provide information for only one (1) account.)

1	Name of Bank:	
	State:	
	Account Type:	Checking / Savings (circle one)
	ACH Bank Routing/ABA Number:	
	Account Number:	
2	Name of person/entity to be paid:	
	Street Address:	
	City:	
	State:	
	Zip Code:	
	Email Address: For notification of EFT payments	
3	Please attach your VOIDED check (Checking) or Deposit Slip (Savings).
and the If ther authorough By sign of facilities.	ne banks a reasonable opportunity to a re is any missing or erroneous informa rize Vertical Bridge to verify and corre ning this Electronic Payment Authoriza	terminate this authorization by notifying Vertical Bridge in such time and manner as to afford Vertical Bridge act on it, receive proper payment and adjust for errors. tion regarding Landlord's/Vendor's bank, bank routing and transit number, or account number, you hereby act such information. Failure to provide requested information may delay or prevent ACH payments. Intion Form below, you acknowledge that you provided the information herein voluntarily with the intention age the above account. This authorization is applicable to all payments issued to Landlord/Vendor by Vertical fication number (TIN) or SSN.
Autho	orized Signature:	Date:
<u> </u>		
Please	e complete and return this form to:	
Vertical Bridge REIT, LLC Attn: Accounts Payable / GL Abstraction 22 West Atlantic Avenue, Suite 310 Delray Beach, FL 33444		Site I.D. or Vendor I.D.
	facsimile: (561) 431-8006 email: groundlease@verticalbridge.com	m