

Account Transfer (Re-Registration) Form

TRANSFEROR/SELLER SECTION

IMPORTANT: Transferor/Seller and Transferee/Buyer Sections must be submitted simultaneously. To be completed by individual to whom Black Creek Diversified Property Fund shares are being transferred/sold. For more than one transferee/buyer, please print/complete additional copies of Transferee/Buyer Section.



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Black Creek Diversified Property Fund

1. Transferor/Seller (Indicate the exact name of the registrant and include any custodial information)

DPF - T Share Class DPF - S Share Class DPF - D Share Class DPF - I Share Class DPF - E Share Class

Transferor/Seller _____

Co-Transferor/Seller _____

Transferor/Seller Social Security/Taxpayer ID #, if applicable _____

Co-Transferor/Seller Social Security/Taxpayer ID # _____

Custodian/Trustee Tax ID #, if applicable _____

Diversified Property Fund Account Number _____

Brokerage Account Number, if applicable _____

Home Telephone _____

E-mail Address _____

Street Address _____

City _____

State _____

ZIP _____

If transferring out of a trust account please check appropriate box: Grantor Trust Non-Grantor Trust

2. Transferor/Seller Information (Check all that apply)

Reason for Transfer: Re-registration (Change of name, individual to trust, etc.) Death (Include copy of Death Certificate.) _____ Date of Death

Divorce (Include copy of Divorce Decree.) Gift Custodian Change

Other (Please specify.): _____

Secondary Market Transfer: \$ _____ Per Share

Transfer Quantity: Number/Percentage of shares to be transferred/sold: _____

3. Transferor/Seller Signatures

The Transferor/Seller hereby certifies and represents possession of valid title and all requisite power to assign such shares and that assignment is in accordance with applicable laws and regulations and further certifies, under penalty of law, that the reason for transfer provided is correct.

Signature of Transferor/Seller or Trustee _____

Date _____

Signature of Co-Transferor/Seller or Trustee, if applicable _____

Date _____

Signature of Custodian _____

Guarantor: Affix Medallion Signature Guarantee here.

A Medallion Signature Guarantee is required for transferor/seller/custodian signature(s). A notary public is not an acceptable guarantor.

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TRANSFeree/BUYER SECTION

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4. Type of Ownership (All authorized owners must sign in section 11)

Non-Custodial Ownership

Brokerage Account Number

- Individual Ownership
 - Joint Tenants with Rights of Survivorship
 - Transfer on Death
Fill out Transfer on Death Form to effect designation.
(Available through your financial advisor)
 - Tenants in Common
 - Community Property
 - Uniform Gift to Minors Act
 - Plan
Additional documentation required in section 5C.
 - Trust
Additional documentation required in section 5C.
 - Corporation / Partnership
Additional documentation required in section 5C.
 - Other (Specify)
- _____

Custodial Ownership

Custodian Account Number

- Traditional IRA
 - Roth IRA
 - Decedent IRA
- _____
Name of Deceased
- Simplified Employee Pension/Trust (SEP)
 - Other (Specify)
- _____

(Required for custodial ownership accounts)

Custodian Information

To be completed by Custodian listed above.

Name of Custodian

Custodian Tax ID #

Custodian Telephone #

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TRANSFeree/BUYER SECTION (continued)

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5. Transferee/Buyer

A. Investor Information

(Investor/Trustee/Executor/Authorized Signatory information)

First Name _____ Last Name _____

Social Security/Taxpayer ID # _____ Date of Birth (MM/DD/YYYY) _____

Telephone # _____ E-mail Address _____

Residential Address (no P.O. Box)

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above)

Street Address _____ City _____ State _____ Zip _____

Please Indicate Citizenship Status

U.S. Citizen Resident Alien Non-Resident Alien

B. Co-Investor Information

(Co-Investor/Co-Trustee/Co-Authorized Signatory Information, if applicable)

First Name _____ Last Name _____

Social Security/Taxpayer ID # _____ Date of Birth (MM/DD/YYYY) _____

Telephone # _____

Residential Address (no P.O. Box)

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above)

Street Address _____ City _____ State _____ Zip _____

Please Indicate Citizenship Status

U.S. Citizen Resident Alien Non-Resident Alien

C. Entity Information – Retirement Plan/Trust/Corporation/Partnership/Other

(Trustee(s) and/or Authorized Signatory(s) information MUST be provided in sections 5A and 5B)

Entity Name _____ Entity Tax ID # _____ Date of Trust _____

Entity Type (Select one – required)

- | | |
|---|--|
| <input type="checkbox"/> Retirement Plan (Plan documentation required) | <input type="checkbox"/> LLC (Plan documentation required) |
| <input type="checkbox"/> Taxable Trust (First and last pages of the trust document required) | <input type="checkbox"/> Partnership (Plan documentation required) |
| <input type="checkbox"/> Tax-exempt Trust (First and last pages of the trust document required) | <input type="checkbox"/> Estate (Letter of Testamentary required) |
| <input type="checkbox"/> S-Corp (Corporate Resolution required) | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> C-Corp (Corporate Resolution required) | |

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6. E-consent

Instead of receiving paper copies of the prospectus, prospectus supplements, annual reports, tax documents, proxy statements, and other stockholder communications and reports, you may elect to receive electronic delivery of stockholder communications from Black Creek Diversified Property Fund. If you would like to consent to electronic delivery, including pursuant to e-mail, please check the box below for this election.

We encourage you to reduce printing and mailing costs and to conserve natural resources by electing to receive electronic delivery of stockholder communications and statement notifications. By consenting below to electronically receive stockholder communications, including your account specific information, you authorize us to either (i) e-mail stockholder communications to you directly or (ii) make them available on our website and notify you by e-mail when and where such documents are available.

Your consent to electronic delivery will be on an unlimited duration and you will not receive paper copies of these electronic materials unless (i) specifically requested, (ii) you inform us in writing that you revoke your consent, (iii) the delivery of electronic materials is prohibited or (iv) we, in sole discretion, elect to send paper copies of materials.

By consenting to electronic access, you will be responsible for your customary internet service provider charges and may be required to download software in connection with access to these materials.

I consent to electronic delivery

E-mail Address

If blank, the e-mail address provided in section 5 will be used.

7. Transfer Information

Transfer Quantity

Number/Percentage of shares to be transferred/bought: _____

Do you already own Black Creek Diversified Property Fund shares? Yes No

8. Suitability – To be completed by the individuals who are acquiring shares

- a) I am not an affiliate of Black Creek Diversified Property Fund Inc. or its advisor, Black Creek Diversified Diversified Property Advisors LLC, and the shares being transferred were acquired by me for investment purposes only and not for immediate resale.
- b) I have (i) a net worth (exclusive of home, home furnishings and automobiles) of \$150,000 or more or (ii) a net worth (exclusive of home, home furnishings and automobiles) of at least \$45,000 AND had during the last tax year, or estimate that I will have during the current tax year, a minimum of \$45,000 annual gross income.

Investor Co-Investor

(a) Initials _____ Initials _____

(b) Initials _____ Initials _____

9. Distributions

Non-Custodial Ownership

If you wish to participate in the Distribution Reinvestment Program please complete the "Distribution Change Form."

- I prefer that my distribution be deposited directly into the account listed below. *Please note: ACH applies to bank checking and savings accounts only. A physical check will be sent to the broker/dealer for brokerage accounts.*
- I prefer that my distribution be paid by check and sent to the address in Transferee/Buyer section 4.

Custodial Ownership

If you wish to participate in the Distribution Reinvestment Program please complete the "Distribution Change Form."

- I prefer that my distribution be sent to my Custodian for deposit into my Custodial account cited in Transferee/Buyer section 4.

Name of Financial Institution

Street Address

City

State

ZIP

Name(s) on Account

ABA Number/Bank Account Number

Account Number

Checking (Attach a voided check.) Savings (Attach a voided deposit slip.) Brokerage

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10. Broker/Dealer – To be completed by the Registered Representative (RR)

Name of Registered Representative

Street Address

City

State

ZIP

Home Office Mailing Address

Broker / Dealer Name

Telephone Number

B/D Rep #

Registered Representative's Telephone Number

Registered Representative's E-mail Address

11. Transferee/Buyer Signatures And Taxpayer Identification Number Certification

As the investor signing below, under penalties of perjury, I certify that 1) The number shown in the Transferee/Buyer Social Security/Taxpayer ID # field in section 5 of this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or distributions, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. citizen or other U.S. person (as defined in the instructions to IRS Form W-9). **NOTE: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and distributions on your tax return.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Transferee/Buyer or Trustee

Date

Signature of Co-Transferee/Buyer or Trustee, if applicable

Date

Signature of Custodian, if applicable

If signature is by trustee(s), executor(s), administrator(s), guardian(s), attorney(ies)-in-fact, agent(s), officer(s) of a corporation or another acting in a fiduciary or representative capacity, please provide the information in section 5a or 5b.

Guarantor:
Affix Medallion Signature Guarantee here.

IMPORTANT: Transferor/Seller and Transferee/Buyer Sections must be submitted simultaneously.
Please mail this completed form to:

Direct Overnight Mail:

Black Creek Group
C/O DST Systems Inc.
430 W. 7th Street, Suite 219079
Kansas City, MO 64105

P.O. Box:

Black Creek Group
P.O. Box 219079
Kansas City, MO 64121-9079

A Medallion Signature Guarantee is required for transferor/seller/custodian signature(s). A notary public is not an acceptable guarantor.

Black Creek Diversified Property Fund Contact Information

Phone: 866.324.REIT (7348)

Web Site: blackcreekdiversified.com

E-mail: operations@blackcreekgroup.com

NOT A DEPOSIT | NOT FDIC INSURED | NOT GUARANTEED BY THE BANK | MAY LOSE VALUE | NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY