

Change of Registered Representative

This form may be used by any current investor in NorthStar Healthcare Income, Inc. (NorthStar Healthcare) to change the Investor's financial advisor or broker-dealer of record.

1. Investor Name(s)

Investor/Trustee/Authorized Signer (please print)

SSN/TIN

Co-Investor/Co-Trustee/Co-Authorized Signer (if applicable)

SSN/TIN

Account Number

2. Registered Representative (RR) Information

Prior Registered Representative

Prior Broker-Dealer

New Registered Representative/RIA

Registered Representative #/Branch #

New Broker-Dealer/RIA Firm

Registered Representative Mailing Address

City

State

Zip

Phone

E-mail

3. Authorized Signatures

Please consider this your authority to change the Registered Representative currently listed on my NorthStar Healthcare investment to the Representative listed below and send them copies of all correspondence and statements. This change will remain in effect until you receive written notification from me.

Signature of Investor/Trustee/Authorized Signer

Date

Signature of Co-Investor/Co-Trustee/
Co-Authorized Signer/Custodian

Date

Medallion Signature Guarantee (only required for custodial accounts)