

Application for Transfer of Shares

1. Current Account Owner (Transferor) Information

<input type="text"/>	<input type="text"/>
Name of Trust/Corporation/Plan/Other (please print)	SSN/TIN
<input type="text"/>	<input type="text"/>
Investor/Trustee/Authorized Signer (please print)	SSN/TIN
<input type="text"/>	<input type="text"/>
Co-Investor/Co-Trustee/Co-Authorized Signer (if applicable)	SSN/TIN
<input type="text"/>	<input type="text"/>
NorthStar Account Number	Custodian's Account Number (if applicable)
<input type="text"/>	<input type="text"/>
	Amount to be Transferred

Transfer Reason: **PLEASE SELECT ONE OPTION ONLY**

Gift
 Inheritance
 Registration
 Secondary Market: selling price per share _____

2. Form of Ownership (Transferee)

Corporation¹
 Partnership²
 Estate³
 Pension Plan
 KEOGH Plan
 401K
 PSP
 Trust:⁴ date _____
 Other: please specify _____

Name of Trust/Corporation/Plan/Other

 SSN or TIN of Trust/Corporation/Plan/Other

Required documentation: 1) Articles of incorporation. 2) Title and signature pages of the partnership agreement. 3) Letters of testamentary or letters of administration or a small estate affidavit. 4) Title and signature pages of the trust or a trust certification form.

Individual
 Individual TOD⁵
 Joint Tenant (with rights of survivorship)
 Joint Tenant TOD⁵ (with rights of survivorship)
 Community Property
 Traditional IRA
 SEP IRA
 Simple IRA
 Beneficiary IRA⁶
 Roth IRA
 Tenants in Common
 Tenants by Entirety
 UGMA: state of _____
 UTMA: state of _____

5) Fill out Transfer on Death form to effect designation. Transfer on Death form available on www.NorthStarSecurities.com/Healthcare.
 6) Please include deceased person's name, SSN, date of birth and date of death in Section 3 under Co-Investor/Co-Trustee.

Custodian⁷ or Third Party Administrator Information⁸ (if applicable)

Name of Custodian/Third Party Administrator

Mailing Address

City

State Zip Code Custodian/Third Party Administrator Telephone Number

Custodian TIN Custodian Account Number

7) The Custodian must sign and provide a Medallion Signature Guarantee in Section 7.
 8) The Third Party Administrator will be set up as an Interested Party and will receive copies of Trade Confirmations and Statements.

3. New Owner (Transferee) Information

Investor/Trustee/Authorized Signer (please print)

SSN/TIN DOB (mm/dd/yy)

Non U.S. Citizen
Country of Citizenship

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

SSN/TIN

DOB (mm/dd/yy) DOD (mm/dd/yy for Beneficiary IRA)

Non U.S. Citizen
Country of Citizenship

Daytime Telephone Evening Telephone

Residential Address (no P.O. Boxes)

City

State Zip Code

Mailing Address (if different from above)

City

State Zip Code

E-mail

4. Distribution Information

Distribution Reinvestment Plan (DRP)* %

* In the event that the DRP is not offered for a distribution, your distribution will be sent by check to the address on record or to your Custodian for deposit in your Custodial account.

Cash Distribution (Choose One Only)

Cash: Send check to my Custodian. (custodian accounts only) %

Cash: Send check to the address on record. (non-custodian accounts only) %

Cash: Send check to a third party - **fill out information to the right.** (non-custodian accounts only) %

Cash: Direct Deposit via ACH - **fill out information to the right.** (non-custodian accounts only) %

Total of DRP and Cash **100%**

Fill out information below If you checked **Cash: Send check to a third party** or **Cash: Direct Deposit via ACH.**

Financial Institution/Third Party

Address

City

State Zip Code

ABA Routing Number (direct deposit via ACH only)

Account Number

Checking (attach a voided, pre-printed check or deposit slip) Savings Brokerage/Other (send check to a third party only)

5. Go Paperless

initials E-mail

In lieu of receiving documents*, I authorize NorthStar Healthcare Income, Inc. (NorthStar Healthcare) to make available on its website, www.NorthStarSecurities.com: **quarterly investor statements, quarterly reports, annual reports, proxy statements, prospectus supplements** or other documents required to be delivered to me, as well as any **investment or marketing updates** and to notify me via the e-mail address listed here or in Section 3 when such reports are available. I understand that I may receive paper documents by visiting www.NorthStarSecurities.com and clicking on Investor Login to login to my account to change my selections.

* E-delivery does not include New Account Statements or Trade Confirmations.

6. Broker-Dealer Information

Broker-Dealer

Registered Representative Address

Registered Representative

City

State

Zip

Registered Representative #/Branch #

Phone

E-mail

7. Authorized Signatures **ALL SIGNATURES MUST BE SIGNATURE GUARANTEED**

By executing this form, the transferee(s) represent that they have received and/or reviewed the Prospectus and the other filings made by NorthStar Healthcare with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of NorthStar Healthcare's Articles of Incorporation and bylaws, as amended.

Signature of Transferor

Date

Signature of Co-Transferor

Date

Medallion Signature Guarantee - **TRANSFEROR**

Medallion Signature Guarantee - **CO-TRANSFEROR**

Signature of Transferee

Date

Signature of Co-Transferee

Date

Medallion Signature Guarantee - **TRANSFEE**

Medallion Signature Guarantee - **CO-TRANSFEE**

Signature of Current Custodian

Date

Signature of New Custodian

Date

Medallion Signature Guarantee - **CURRENT CUSTODIAN**

Medallion Signature Guarantee - **NEW CUSTODIAN**