TRANSFER ON DEATH (TOD) REGISTRATION FORM

1. CURRENT ACCOUNT OWNER INFORMATION (Please	se print name(s) in which Shares a	re registered.)		
Name (include Mr., Mrs., Dr., etc.)				
Social Security Number or Taxpayer ID#				
PLEASE CHECK ALL INVESTMENTS THAT APPLY (EACH	H SELECTED, A "COMPANY"):			
	(All account information is requir	red)		
	Account Number		Complete this form and	d return to:
SmartStop Self Storage REIT, Inc.			Strategic Transfer Ager 19900 MacArthur Blvd.,	
Strategic Storage Growth Trust III, Inc.			Irvine, CA 92612	Julie 250
Strategic Storage Trust VI, Inc.	PH: 866-418-5144 Fax: 949-404-1801			
Strategic Student & Senior Housing Trust, Inc.			(Fax only accepted for I	non-custodial accounts)
** Certain states may not recognize TOD registrations. C	Consult with your tax and financial	professional for any	limitations.	
Strategic Transfer Agent Services, LLC, transfer agent for	or each Company, reserves the rig	ht to allow the follow	ving rules to apply to a T	OD registration:
• A TOD may only be held on Individual or Joint Tenant	ts with Right of Survivorship (JTWF	ROS) registrations (no	ot in an estate, trust, IRA	, etc.).
The TOD beneficiary must be an individual or entity a	and cannot be the JTWROS persor	٦.		
- The TOD beneficiary must be named on this form; "s μ	oouse" or "children" are not accep	table designations.		
 If you wish to have more than one beneficiary, the tot must indicate the number of shares or the percentage 		·		ficiary designated. You
must indicate the number of shares of the percentag	e breakdown for each beneficiary.	(Attach additional p	ages ii fiecessary).	
2. TRANSFER ON DEATH DESIGNATION				
By signing below, I (we) request that my (our) investment individual(s) to whom the investment shall pass after I at		th" form, and desigr	nate the following benef	iciary(ies) as the
Print Name of Beneficiary		Date of Birth	Taxpayer ID#	Number or % of Shares
Name of Custodian (Custodian required if under 18)		Beneficiary Type (d	check one)	_
		Primary	Contingent	
Print Name of Beneficiary		Date of Birth	Taxpayer ID#	Number or % of Shares
Name of Custodian (Custodian required if under 18)		Beneficiary Type (o	check one)	_
		Primary	Contingent	
Print Name of Beneficiary		Date of Birth	Taxpayer ID#	Number or % of Shares
Name of Custodian (Custodian required if under 18)		Beneficiary Type (d	check one)	
		Primary	Contingent]
Print Name of Beneficiary		Date of Birth	Taxpayer ID#	Number or % of Shares
Name of Custodian (Custodian required if under 18)		Beneficiary Type (d	check one)	11
		Primary	Contingent	7

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By signing below, I (we) make the following warranties, representations and agreements:

- a) Company is not required to re-register the investment in the name of the beneficiary(ies) unless Company has received such documents as required to establish that I am (we both are) deceased.
- b) Company is not responsible for determining the tax consequences of the decision to register this investment to requested beneficiary(ies).
- c) I (we) agree to hold harmless, indemnify and defend Company and its agents for any claim, loss or liability resulting from i) breach of any warranty or representation in this agreement and/or ii) any action Company takes in connection with the registration, any re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary, made as requested or authorized under this agreement.
- d) If this agreement is established under joint tenants with rights of survivorship account status, upon death of one of the owners, ownership shall pass to the surviving joint owner, and Company may follow the instructions of the survivor with regard to the investment, including without limitation, instructions to i) terminate transfer on death registration or ii) change TOD to beneficiary(ies).
- e) If I am married and established this account individually, or jointly and the joint applicant is not my spouse, my spouse's waiver has been executed by signing below.
- f) Strategic Transfer Agent Services, LLC and Company have not provided any legal advice to me (us), and I (we) agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my (our) state, and its affect on my (our) estate and tax planning.

Signature – Current Account Owner	Date	
Current Account Owner Spouse's Waiver	Date	
Signature – Joint Account Owner	Date	
Joint Account Owner Spouse's Waiver	Date	
Medallion Signature Guarantee Stamp	Medallion Signature Guarantee Stamp	

3. AUTHORIZED SIGNATURES (All signatures must be medallion guaranteed unless this form is submitted at the time of investment.)