

# TRANSFER ON DEATH (TOD) REGISTRATION FORM

**1. CURRENT ACCOUNT OWNER INFORMATION** (Please print name(s) in which Shares are registered.)

Name (include Mr., Mrs., Dr., etc.)

Social Security Number or Taxpayer ID#

PLEASE CHECK ALL INVESTMENTS THAT APPLY (EACH SELECTED, A "COMPANY"):

(All account information is required)  
Account Number

☐ SmartStop Self Storage REIT, Inc.

☐ Strategic Storage Growth Trust III, Inc.

☐ Strategic Storage Trust VI, Inc.

☐ Strategic Student & Senior Housing Trust, Inc.

**Complete this form and return to:**  
Strategic Transfer Agent Services, LLC  
19900 MacArthur Blvd., Suite 250  
Irvine, CA 92612  
PH: 866-418-5144  
Fax: 949-404-1801  
(Fax only accepted for non-custodial accounts)

\*\* Certain states may not recognize TOD registrations. Consult with your tax and financial professional for any limitations.

Strategic Transfer Agent Services, LLC, transfer agent for each Company, reserves the right to allow the following rules to apply to a TOD registration:

- A TOD may only be held on Individual or Joint Tenants with Right of Survivorship (JTWROS) registrations (not in an estate, trust, IRA, etc.).
- The TOD beneficiary must be an individual or entity and cannot be the JTWROS person.
- The TOD beneficiary must be named on this form; "spouse" or "children" are not acceptable designations.
- If you wish to have more than one beneficiary, the total investment amount will be divided into separate investments for each beneficiary designated. You must indicate the number of shares or the percentage breakdown for each beneficiary. (Attach additional pages if necessary).

**2. TRANSFER ON DEATH DESIGNATION**

By signing below, I (we) request that my (our) investment be registered in "transfer on death" form, and designate the following beneficiary(ies) as the individual(s) to whom the investment shall pass after I am (we are) deceased.

Print Name of Beneficiary	Date of Birth	Taxpayer ID#	Number or % of Shares
<div></div>	<div></div>	<div></div>	<div></div>
Name of Custodian (Custodian required if under 18)	Beneficiary Type (check one)		
<div></div>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		
Print Name of Beneficiary	Date of Birth	Taxpayer ID#	Number or % of Shares
<div></div>	<div></div>	<div></div>	<div></div>
Name of Custodian (Custodian required if under 18)	Beneficiary Type (check one)		
<div></div>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		
Print Name of Beneficiary	Date of Birth	Taxpayer ID#	Number or % of Shares
<div></div>	<div></div>	<div></div>	<div></div>
Name of Custodian (Custodian required if under 18)	Beneficiary Type (check one)		
<div></div>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		
Print Name of Beneficiary	Date of Birth	Taxpayer ID#	Number or % of Shares
<div></div>	<div></div>	<div></div>	<div></div>
Name of Custodian (Custodian required if under 18)	Beneficiary Type (check one)		
<div></div>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		

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

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

Date \_\_\_\_\_

Date

Date \_\_\_\_\_

Date \_\_\_\_\_

Medallion Signature Guarantee Stamp


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