



\*Cash, cashier's checks/official bank checks under \$10,000, foreign checks, money orders, third party checks, temporary/starter checks, or traveler's checks are not accepted.

☐ **Volume Discount Purchase** – Please check this box if you are eligible for a volume discount on this purchase.

☐ **Other** – Include a copy of any pertinent documents.

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SST2-7-2018

### 3 ADDRESS INFORMATION

Subscriber Information (All fields must be completed)

Investor/Trust Name/Plan Name

Co-Investor/Name of Trustee(s)

Investor Social Security Number/Tax ID Number

Co-Investor Social Security Number/Tax ID Number

Birth Date/Articles of Incorporation (MM/DD/YY)

Co-Investor Birth Date (MM/DD/YY)

Please indicate Citizenship Status

☐ U.S. Citizen

☐ Resident Alien – Country of Origin \_\_\_\_\_

☐ Non-resident Alien – Country of Origin \_\_\_\_\_

Residence Address (No P.O. Box allowed)

Street Address

City

State

Zip Code

Home Telephone

Business Telephone

Email Address

Mailing Address\* (if different from above – P.O. Box allowed)

Street Address

City

State

Zip Code

\*If the co-investor resides at another address, please attach that address to the subscription agreement

### 4 DISTRIBUTIONS

Complete this section to enroll in the Distribution Reinvestment Plan or to elect to receive distributions by check mailed to you, by check mailed to a third-party or alternate address, or by direct deposit.

**Custodial held accounts may only select option 1 or option 5 without the custodian's approval.**

I elect the distribution option(s) indicated below: (Total must equal 100%)

1. ☐ Participate in the Distribution Reinvestment Plan (see Prospectus for details)  %
2. ☐ Check mailed to the residence address set forth in Section 3 above  %
3. ☐ Check mailed to the mailing address set forth in Section 3 above  %
4. ☐ Check Mailed to Third-Party / Alternate Address  %

To direct distributions to a party other than the registered owner, please provide applicable information below.

Name /Entity Name / Financial Institution

Account No.

Mailing Address

City

State

Zip Code

5. ☐ Sent to Custodian (Custodian held accounts only)  %

6. ☐ Direct Deposit  %

Please attach a pre-printed voided check. (Non-Custodian Investors Only)

By signing this agreement, I authorize Strategic Storage Trust II, Inc., or its agent, to deposit my distribution to my checking or savings account. This authority will remain in force until I notify Strategic Storage Trust II, Inc., or its agent, in writing to cancel it. In the event that Strategic Storage Trust II, Inc., or its agent, deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

**Please Attach a Pre-printed Voided Check Here**

(The above services cannot be established without a pre-printed voided check.)

ABC Business		1234
1234 Park Avenue		
Anytown, CA		
PAY TO THE ORDER OF		_____ 20 _____
		\$ XXX.XX
Anywhere Bank		
U.S.A		
MEMO		Not Negotiable
I: 133404567	I: 1234561304	1044
Routing Number	Account Number	

Financial Institution:

Your Bank's ABA Routing Number

Your Bank Account Number

☐ Checking Account

☐ Savings Account

**Regular Mail:** Strategic Storage Trust II, Inc. c/o Strategic Transfer Agent Services, LLC, 10 Terrace Road, Ladera Ranch, CA 92694

**Overnight Mail:** Strategic Storage Trust II, Inc. c/o Strategic Transfer Agent Services, LLC, 10 Terrace Road, Ladera Ranch, CA 92694

**Wire Information:** UMB Bank, N.A., 1010 Grand, 4th Floor, Kansas City, MO 64106, ABA# 101000695 Strategic Storage Trust II, Inc. Account# 9871879437

**Investor Services Toll Free Phone Line:** 866.418.5144

**5 ELECTRONIC DELIVERY OF REPORTS AND UPDATES**

Initial here

I authorize Strategic Storage Trust II, Inc to make available on its website at [www.StrategicREIT.com](http://www.StrategicREIT.com) and through a CD with links to a website its quarterly reports, annual reports, proxy statements, prospectus supplements or other reports required to be delivered to me, as well as any property or marketing updates, and to notify me via e-mail when such reports or updates are available in lieu of receiving paper documents. (You must provide an e-mail address if you choose this option.)

E-mail address: \_\_\_\_\_

**6 REGISTERED REPRESENTATIVE OR RIA INFORMATION** (All fields must be completed)

The Registered Representative or Registered Investment Advisor ("RIA") must sign below to complete the order. The Registered Representative or RIA warrants that he/she is duly licensed and may lawfully sell shares in the state designated as the investor's legal residence.

Broker-Dealer or RIA Firm Name		Broker-Dealer or RIA CRD Number	
<input type="text"/>		<input type="text"/>	
Broker-Dealer or RIA Firm Telephone Number		Broker-Dealer or RIA Firm Fax Number	
<input type="text"/>		<input type="text"/>	
Broker-Dealer or RIA Firm Mailing Address or P.O. Box	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Representative(s) or Advisor(s) Name(s)		Registered Representative Rep Firm Name(s)	
<input type="text"/>		<input type="text"/>	
Branch ID Number		Representative Number	
<input type="text"/>		<input type="text"/>	
Registered Representative or Advisor Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

The undersigned confirm on behalf of the Broker-Dealer or RIA Firm that they (1) have reasonable grounds to believe that the information and representations concerning the investor identified herein are true, correct, and complete in all respects; (2) have discussed such investor's prospective purchase of shares with such investor; (3) have advised such investor of all pertinent facts with regard to the lack of liquidity and marketability of the shares; (4) have delivered a current Prospectus and related supplements, if any, to such investor; (5) have reasonable grounds to believe that the investor is purchasing these shares for his or her own account; and (6) have reasonable grounds to believe that the purchase of shares is a suitable investment for such investor, that such investor meets the suitability standards applicable to such investor set forth in the Prospectus and related supplements, if any, and that such investor is in a financial position to enable such investor to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto.

Signature of Registered Representative(s) or Advisor(s)	Date	State of Sale	Signature of Registered Representative(s) or Advisor(s)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Broker Dealer or IRA	Date	(If required by Broker Dealer)		
<input type="text"/>	<input type="text"/>			

**7 SUBSCRIBER SIGNATURES**

Strategic Storage Trust II, Inc. is required by law to obtain, verify and record certain personal information from you or persons on your behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and social security/taxpayer identification number. We may also ask to see other identifying documents. If you do not provide the information, Strategic Storage Trust II, Inc may not be able to open your account. By signing the Subscription Agreement, you agree to provide this information and confirm that this information is true and correct. If we are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if we believe we have identified potentially criminal activity, we reserve the right to take action as we deem appropriate which may include closing your account.

If you participate in the Distribution Reinvestment Plan or make subsequent purchases of shares of Strategic Storage Trust II, Inc, we request that you notify Strategic Storage Trust II, Inc and your Broker-Dealer in writing at any time there is a material change in your financial condition, including failure to meet the minimum income and net worth standards applicable to this offering. Please separately initial each of the representations below. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf. In order to induce Strategic Storage Trust II, Inc to accept this subscription, I hereby represent and warrant to you as follows:

**Please see next page**

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Investor Services Toll Free Phone Line:	866.418.5144

Owner Joint Owner / Custodian

- |  |  |
|--|--|
|  |  |
|  |  |
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|  |  |

Initials As Applicable

- | Owner | Joint Owner / Custodian |
|-------|-------------------------|
|       |                         |
|       |                         |

If I am a **Tennessee resident**, I acknowledge that my investment in this company must not exceed 10% of my liquid net worth (exclusive of home, home furnishings and automobile).

SST2-7-2018

Your sale is not final for five (5) business days after your receipt of the final Prospectus. We will deliver a confirmation of sale to you after your purchase is completed.

**TAXPAYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER CERTIFICATION (required):** The investor signing below, under penalties of perjury, certifies that (1) the number shown on this Subscription Agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because I am exempt from backup withholding, 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 dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien), unless I have otherwise indicated in Section 3 above.

**Certification instructions.** 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 dividends on your tax return.

I understand that I will not be admitted as a stockholder until my investment has been accepted. Depositing of my check alone does not constitute acceptance. The acceptance process includes, but is not limited to, reviewing the Subscription Agreement for completeness and signatures, conducting an Anti-Money Laundering check as required by the USA PATRIOT Act and depositing funds.

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

Signature of Owner	Date	Signature of Custodian	Date
<div></div>	<div></div>	<div></div>	<div></div>

Signature of Joint Owner or Beneficial Owner (if Applicable)	Date
<div></div>	<div></div>

Custodian Medallion Signature Guarantee

**(MUST BE SIGNED BY CUSTODIAN OR TRUSTEE IF IRA OR QUALIFIED PLAN IS ADMINISTERED BY A THIRD PARTY)**

All items on the Subscription Agreement must be completed in order for your subscription to be processed. Subscribers are encouraged to read the Prospectus in its entirety for a complete explanation of an investment in Strategic Storage Trust II, Inc.