

CORNERSTONE REAL ESTATE FUNDS

INVESTOR CHANGE OF ADDRESS FORM

This form may be used by any current investor (an "Investor") in any of the Cornerstone funds ("Fund") to change the Investor's address for delivery of information and distributions (if applicable).

A. FUND(S) TO WHICH THIS FORM APPLIES

- | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> All Funds in which the Investor has invested | <input type="checkbox"/> CIP Leveraged Fund Advisors, LLC |
| <input type="checkbox"/> Cornerstone Core Properties REIT, Inc. | <input type="checkbox"/> Cornerstone Industrial Properties, LLC |
| <input type="checkbox"/> Cornerstone Growth & Income REIT, Inc. | <input type="checkbox"/> Cornerstone Realty Fund, LLC |
| <input type="checkbox"/> Cornerstone Private Equity Fund, Inc. | <input type="checkbox"/> Other Specify: _____ |

B. INVESTOR INFORMATION

Investor's Name (must be exactly as it appears on the account or subscription agreement)	Tax I.D. Number
<input type="text"/>	<input type="text"/>
Joint Shareholder Name	Tax I.D. Number
<input type="text"/>	<input type="text"/>

C. INVESTOR ADDRESS CHANGE INFORMATION (PLEASE PROVIDE CURRENT AND NEW ADDRESS)

OLD ADDRESS:

Street Address

City State Zip

Phone

NEW ADDRESS:

Street Address

City State Zip

Phone

D. AUTHORIZATION

The undersigned hereby instructs and authorizes information and distributions (if applicable) for the Fund(s) and Social Security or Tax ID Number identified in section B of this form to be sent to the new address provided above on or after the date this form is processed by the Fund(s). If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the Fund(s). If the Investor currently has direct deposit of distributions, the Fund(s) shall continue to comply with the Investor's existing instructions. To change any direct deposit information, please use the Distribution Modification Form.

MY SIGNATURE BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I acknowledge that information and distributions (if applicable) sent prior to the date this instruction becomes effective (generally up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for. This instruction supersedes all prior instructions regarding the subject matter hereof.

_____ Signature of Investor or Registered Representative	_____ Printed Name	_____ Date
_____ Signature of Joint Owner, Trustee, Custodian or Authorized Person (if applicable)	_____ Printed Name	_____ Date