



Distribution Authorization

This document must be completed whenever the distributions from the Cornerstone fund stated below are to be sent to a name and address other than the registered owner. Please provide any requirements for split distributions or direct deposit information.

Fund Name:

Institution/Payee 1:

Address:

Acct. No.:

Amt. or % of distribution:

Institution/Payee 2:

Address:

Acct. No.:

Amt. or % of distribution:

Institution/Payee 3:

Address:

Acct. No.:

Amt. or % of distribution:

INVESTOR AUTHORIZATION

By my signature below, I hereby authorize Cornerstone or their representatives to forward my distribution checks as I have detailed above.

Investor(s) Signature

Date

Please print name(s)

Overnight Delivery Address:

Cornerstone Realty Fund, LLC
44700 Industrial Drive, Suite B
Fremont, CA 94538