

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 Healthcare Plus REIT, Inc. | <input type="checkbox"/> Cornerstone Realty Fund, LLC |
| <input type="checkbox"/> Cornerstone Healthcare Real Estate 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 _____

Joint Shareholder Name _____ Tax I.D. Number _____

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