



NON-QUALIFIED ASSET TRANSFER FORM
(SECOND OFFERING)

Use this form to transfer assets to acquire Strategic Storage Trust real estate program interest. This form may be forwarded directly to the transferring institution or included with the subscription agreement.

This form may not be used to transfer tax-qualified retirement plans. Contact your current tax-qualified plan custodian in this regard.

INVESTOR INFORMATION

Form line for investor information

Name Social Security Number

Form line for joint investor information

Name of Joint Investor (if applicable) Social Security Number

Form line for investor address

Address City State Zip

TRANSFERING INSTITUTION INFORMATION

Form line for financial institution name

Name of Financial Institution Phone Number

Form line for contact number

Contact Number if applicable

Form line for financial institution address

Address City State Zip

FINANCIAL REPRESENTATIVE INFORMATION

Form line for financial representative name

Name of Financial Representative Phone Number

Form line for firm name

Firm Name

Form line for financial representative address

Address City State Zip

Firm Representative Signature Date

(continued on next page)

Non-Qualified Asset Transfer Form

TRANSFER INSTRUCTIONS

I am purchasing an interest in the Strategic Storage Trust real estate program. Please liquidate and transfer the assets as directed from the account referenced below:

Please **TERMINATE** your administration of, and **TRANSFER ALL** assets from my account.

Please initiate a **PARTIAL TRANSFER** of my account assets as directed below.

Asset Description	Account Number	Quantity OR Dollar Amount or % of my Account
example: XYZ CD or Mutual Fund	XXXXXXXXXX	100 shares or units or \$XX,XXX or XX% of my Account

Makes checks payable to Strategic Storage Trust Inc.
Please reference the name of the investor(s) and fund on the check.

SIGNATURES

I/We acknowledge that the above transfer does not qualify as a tax-free exchange and constitutes a taxable event.

I/We am/are also aware that if I/we request a full or partial liquidation of my/our account prior to maturity date, I/we may be subject to surrender or withdrawal penalties from the above named institution.

Please sign your name(s) as it/they appear(s) on the account you are redeeming or transferring from. All account holders must sign.

Signature of Investor, Trustee, if applicable or authorized person

Signature of Joint Owner, if applicable

Print Name of Investor, Trustee, if applicable, or authorized person
(Must be exactly as on the original Subscription Agreement)

Print Name of Joint Owner, if applicable
(Must be exactly as on the original Subscription Agreement)

Date

Date

Signature Guarantee Stamp

Signature Guarantee Stamp

Medallion Stamp Guarantee

Medallion Stamp Guarantee

Please mail completed Non-Qualified Asset Transfer Form to: Strategic Storage Trust, Inc.

Direct overnight mail:
Strategic Storage Trust, Inc.
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64105
TF: 866-418-5144

Regular Mail to:
Strategic Storage Trust, Inc.
c/o DST Systems, Inc.
P.O. Box 219406
Kansas City, MO 64121-9406
TF: 866-418-5144