



Qualified Quarterly Redemption of Shares Form

We will redeem our shares on the last business day of the month following the end of each quarter. Requests for redemption would have to be received on or prior to the end of the quarter in order for us to repurchase the shares as of the end of the next month. You may withdraw your request to have your shares redeemed at any time prior to the last day of the applicable quarter. If we can not purchase all shares presented for redemption in any quarter, based upon insufficient cash available or the limit on the number of shares we may redeem during any calendar year, we will attempt to honor redemption requests on a pro rata basis. We intend to treat the unsatisfied portion of the redemption request as a request for redemption the following quarter. If you have any shares remaining to be redeemed, you may then withdraw your request for redemption, if you choose, at any time prior to the last day of the new quarter. If you do not elect to withdraw your redemption request, we will honor your request at such time, if any, when sufficient funds become available. We generally intend for such pending requests to be honored on a pro rata basis. We will determine whether we have sufficient funds available as soon as practicable after the end of each quarter.

CURRENT SUBSCRIBER INFORMATION (Please print name in which shares are registered)

Investor Name		Co-Investor Name
Home Telephone	Business Telephone	E-mail address
Investor Social Security/Taxpayer ID#		Birth Date/Articles of Incorporation (MM/DD/YY)
Co-Investor Social Security/Taxpayer ID#		Co-Investor Birth Date (MM/DD/YY)
Street Address		City State ZIP

REDEMPTION REQUEST

Account Number: _____

_____ **Full redemption** _____ **Partial redemption, number of shares** _____

If your request is due to death or disability, please note this below:

_____ Death – Please provide a copy of the death certificate. _____ Disability – Please provide a completed Physician Certification Form.

(A copy of the required form may be obtained from your financial advisor.)

COST BASIS METHOD SELECTION

On October 3, 2008, the Emergency Economic Stabilization Act, HR1424, became law. This law included provisions of the Energy Improvement and Extension Act of 2008, which require us to provide cost basis reporting information to our stockholders. For cost basis reporting, we have elected to apply as a default a first-in/first-out (FIFO) method. If you wish to have an approved alternate cost basis method apply to shares redeemed pursuant to this request, you may contact us at 866-418-5144, otherwise the FIFO method will apply.

If you wish to select specific share lots that are covered by this redemption request, you must complete the following information (please attach an additional sheet if necessary):

Date Acquired	Number of Shares	Purchase Price
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

REDEMPTION PROCEEDS

Redemption proceeds will be sent to the Custodian for deposit into the Custodial account cited in your stockholder record.



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SUBSCRIBER SIGNATURES

The undersigned is the owner (or duly authorized agent of the owner) of the shares presented for redemption and, thus, is authorized to present the shares for redemption. The shares presented for redemption are eligible for redemption pursuant to the SSTI Share Redemption Program. The shares are fully transferable and have not been assigned, pledged, or otherwise encumbered in any way. The undersigned acknowledges that some or all shares presented for redemption may not be redeemed, in accordance with various limitations of the Share Redemption Program, and SSTI may need to honor redemption requests on a pro rata basis. The undersigned acknowledges that the per share redemption amount may be less than the amount paid for such shares in accordance with the pricing procedures of the Share Redemption Program. The undersigned hereby indemnifies and holds harmless SSTI, and its respective officers and directors from and against any liabilities, damages, expenses, including reasonable attorneys' fees, arising out of or in connection with any misrepresentation made herein.

See the complete description of the Share Redemption Program contained the current version of the prospectus filed with the Securities and Exchange Commission and available at www.strategicstoragetrust.com

Signature of Investor or Trustee

Signature of Authorized Custodian

Date

Signature of Co-Investor or Trustee, if applicable

Date

**A Medallion Signature Guarantee is required for investor.
A notary public is NOT an acceptable guarantor.**

**A Medallion Signature Guarantee is required for
Authorized Custodian. A notary public is not an acceptable
guarantor.**

Guarantor: Affix signature guarantee here:

Guarantor: Affix signature guarantee here

Please mail completed 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

FOR SSTI USE ONLY

Date Request Received: _____

SSTI Authorized Signature

Date: _____