



TRANSFER ON DEATH (TOD) REGISTRATION FORM
(SECOND OFFERING)

Date: \_\_\_\_\_

Shareholder Account # \_\_\_\_\_

Taxpayer ID# \_\_\_\_\_

DST Systems, Inc., Transfer Agent for Strategic Storage Trust, Inc., reserves the right to allow the following rules to apply to a TOD registration:

- A TOD may only be held on Individual or Joint Tenants with Right of Survivorship (JTWROS) registrations (not on an estate, trust, IRA, etc.).
• The TOD beneficiary must be an individual or entity and cannot be the JTWROS person.
• The TOD beneficiary must be named on this form; "spouse" or "children" are not acceptable designations.
• If you wish to have more than one beneficiary, the total investment amount will be divided into separate investments for each beneficiary designated. You must indicate the number of shares or the percentage breakdown for each beneficiary. (Attach additional pages if necessary).

1. CURRENT SUBSCRIBER INFORMATION (Please print name(s) in which Shares are registered.)

Name (include Mr., Mrs., Dr., etc.) \_\_\_\_\_

Investor Social Security/Taxpayer ID# \_\_\_\_\_

Street Address City State ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Birth Date (MM/DD/YY) \_\_\_\_\_

2. TRANSFER ON DEATH DESIGNATION

By signing below, I (we) request that my (our) investment be registered in "transfer on death" form, and designate the following beneficiary(ies) as the individual(s) to whom the investment shall pass after I am (we are) deceased.

Print Name of Beneficiary Date of Birth SSN# Number or % of Shares

Print Name of Beneficiary Date of Birth SSN# Number or % of Shares

Print Name of Beneficiary Date of Birth SSN# Number or % of Shares

Print Name of Beneficiary Date of Birth SSN# Number or % of Shares

By signing below, I (we) make the following warranties, representations and agreements:

a) Strategic Storage Trust Inc. (Company) is not required to re-register the investment in the name of the beneficiary(ies) unless Company has received such documents as required to establish that I am (we both are) deceased.

b) Company is not responsible for determining the tax consequences of the decision to register this investment to requested beneficiary (ies).

c) I (we) agree to hold harmless, indemnify and defend Company and its agents for any claim, loss or liability resulting from i) breach of any warranty or representation in this agreement and/or ii) any action Company takes in connection with the registration, any re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary, made as requested or authorized under this agreement.

d) If this agreement is established under joint tenants with rights of survivorship account status, upon death of one of the owners, ownership shall pass to the surviving joint owner, and Company may follow the instructions of the survivor with regard to the investment, including without limitation, instructions to i) terminate transfer on death registration or ii) change owner to beneficiary.

e) If I am married and established this account individually, or jointly and the joint applicant is not my spouse, my spouse's waiver has been executed by signing below.

f) Company has not provided any legal advice to me (us), and I (we) agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my state, and its affect on my estate and tax planning.

**3. AUTHORIZED SIGNATURES (All signatures must be medallion guaranteed.)**

\_\_\_\_\_  
Signature – Current Shareholder Date

\_\_\_\_\_  
Current Shareholder's Spouse's Waiver Date

\_\_\_\_\_  
Signature – Joint Shareholder Date

\_\_\_\_\_  
Joint Shareholder's Spouse's Waiver Date

Medallion Stamp Guarantee

Medallion Stamp Guarantee

**Please mail completed Transfer on Death 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**

**Regular Mail:**

**Strategic Storage Trust, Inc.  
c/o DST Systems, Inc.  
P.O. Box 219406  
Kansas City, MO 64121-9406**

**Account Information:** For account service, call 866-418-5144