



MVP REIT, INC.

Application for Transfer

Standard Mail: MVP REIT, INC., P.O. Box 219390 Kansas City, MO 64121-9390

Overnight Mail: 430 W. 7<sup>th</sup> Street, Kansas City, MO 64105

For Questions, please call (877) 684-6871

Shareholders Name: \_\_\_\_\_ Shareholder Account Number: \_\_\_\_\_

Number of shares to be transferred: \_\_\_\_\_

**TRANSFEROR (OR SELLER'S) INFORMATION**

MVP REIT Inc., shares are currently registered as follows:

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Tax ID No or SSN: \_\_\_\_\_

Reason for transfer (check one):

- Re-registration (name change, divorce/separation, individual to trust, etc)
- Sale
- Death
- Gift
- Other (please specify)

For certain types of transfer, additional documentation may be required

*By executing this Form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interest and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation. The transferor(s) understands that the transfer may be made only in compliance with MVP REIT, Inc., prospectus. The signatures(s) of this Form must correspond with the name(s) in which the transferor(s) hold the transferred Share.*

Signature Execution

	Co-Transferor's Signature	Date
Transferor's Signature		

	Co-Transferor's Signature	Date

(for custodian's signature for qualified plans)

**ALL SIGNATURES MUST BE SIGNATURE GUARANTEED**

Shareholders Name: \_\_\_\_\_ Existing Shareholder Account Number: \_\_\_\_\_

Number of shares to be transferred: \_\_\_\_\_

**TRANSFEEE (OR BUYER'S) INFORMATION**

Tax ID No. Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*For Qualified Plans (IRAs, 401Ks) only*

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Title:	Custodian Name:
Address:	Custodian Address:
City, State, Zip:	Custodian City, State, Zip:
Telephone:	Investor's Custodian account no:
Check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen If Non-U.S. Citizen, list country of citizenship:	Custodian's Tax ID no:

Registration Type (check one):

- Individual  
 Joint Tenants  
 Tenants-in-Common  
 Trust  
 Community Property  
 Partnership  
 Corporation  
 UGMA (State \_\_\_\_\_)  
 UTMA (State \_\_\_\_\_)  
 IRA  
 SEP IRA  
 ROTH IRA  
 Profit Sharing/Pension Plan  
 Other, please specify: \_\_\_\_\_

*For certain types of transfers, additional documentation may be required*

Broker-Dealer Information	Distribution:	Reinvest: _____
Broker-Dealer Firm:	Sent to:	
Address:	Address:	
Advisor's City, State, Zip:	Account no:	
Telephone:	Routing/Transit no:	

By executing this form, the transferee(s) represent that they have received and/or reviewed the Prospectus and the other filings made for MVP REIT, Inc. The transferee(s) accept and agree to be bound by the terms and conditions of MVP REIT, Inc.

Signature Execution

_____ Transferee's Signature		_____ Date	_____ Co-Transferee's Signature		_____ Date
_____ Transferee's Signature		_____ Date	_____ Co-Transferee's Signature (for custodian's signature for qualified plans)		_____ Date

ALL SIGNATURES MUST BE SIGNATURE GUARANTEED

<p><b>Medallion Signature Guarantee</b> REQUIRED FOR SHAREHOLDER</p>	<p><b>Medallion Signature Guarantee</b> REQUIRED FOR SECONDARY SHAREHOLDER</p>	<p><b>Medallion Signature Guarantee</b> REQUIRED FOR CUSTODIAN (IF APPLICABLE)</p>
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**This form must be completed in conjunction with the MVP REIT, Inc. Subscription Agreement and Transferee must meet all applicable suitability requirements as outlined in the Prospectus.**