



COLLATERAL ACCOUNT AGREEMENT

American Healthcare REIT, Inc. (the "Fund")

Complete this form and return to address below.

Regular Mail: American Healthcare REIT, Inc.
c/o DST Systems, Inc.
PO Box 219386
Kansas City, MO 64121-9386

Overnight Address: American Healthcare REIT, Inc.
c/o DST Systems, Inc.
330 W 9th Street, Suite 219386
Kansas City, MO 64105-1514

Please transfer _____ shares or dollars (circle one) to be collateralized from Fund _____ Account _____ to an account registered as follows:

Account Registration:

_____ Pledgee

FBO

Name of Registered Owner

Street Address of Pledgee

City, State, and ZIP Code of Pledgee

Dividend and Capital Gains Options: (will be reinvested unless otherwise indicated here)

_____ **Reinvest** _____ **Cash**

Please mail duplicate copies of all confirmations and statements to:

Pledgor Name

Street Address

City, State, and ZIP Code



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In consideration of your so acting, I/We agree to the following terms:

- A stop will be placed on the account to prohibit financial transactions from being initiated. As a result of this stop and at American Healthcare REIT, Inc. / DST Service Center’s sole election, one (1) to three (3) extra days could be required in order to process any subsequent request received in good order.
- The account will not have telephone financial transaction capability.
- The account will have the Tax ID number of the Pledgor and any tax reporting will be to the Pledgor.
- All instructions concerning this account will require a signature guaranteed letter of instruction signed in capacity from the Pledgee to release the funds.
- All instructions concerning this account must be presented to the American Healthcare REIT, Inc. / DST Service Center in writing, signature guaranteed, in the original, and signed by individuals properly representing themselves as authorized officers of the Pledgee institution, title appearing on or immediately below the signature line.
- The transfer agent of American Healthcare REIT, Inc., DST Systems Inc., is not liable for any information contained in any agreements between the Pledgor and the Pledgee.
- This account will not have shares issued in certificate form.
- This account will not be eligible for a letter of intent.
- The redemption of shares is subject to the guidelines of the Fund’s Share Repurchase Plan.
- Pledgor(s) must sign this form exactly as name appears in registration.
- Pledgor and Pledgee hereby release DST, American Healthcare REIT, Inc. and American Healthcare REIT, Inc. agents, directors, officers and employees, and indemnify and hold each of them harmless, from any expense, damages or liability, including without limitation reasonable attorneys’ fees, arising directly or indirectly out of any such delay or any of the foregoing requirements or otherwise incurred in the enforcement of this indemnification.

Pledgor(s): *(Must sign exactly as name appears in registration)*

Signature Date

Printed Name

Signature Date

Printed Name

Medallion Signature Guarantee(s):

Medallion Signature Guarantee(s):

Pledgee:

Authorized Signature Date

Title

Medallion Signature Guarantee(s):