

The undersigned stockholder of American Healthcare REIT, Inc. (the "Company") hereby requests that, pursuant to the Company's Share Repurchase Plan (the "Repurchase Plan"), the Company repurchase the number of shares of Common Stock (the "Shares") indicated below.

ACCOUNT NUMBER: _____

STOCKHOLDER'S NAME: _____

STOCKHOLDER'S ADDRESS: _____

TOTAL CLASS T SHARES OWNED BY STOCKHOLDER: _____

TOTAL CLASS I SHARES OWNED BY STOCKHOLDER: _____

NUMBER OF CLASS T SHARES PRESENTED FOR REPURCHASE: _____ 100%

NUMBER OF CLASS I SHARES PRESENTED FOR REPURCHASE: _____ 100%

(Note: number of shares presented for repurchase must be equal to or exceed 25.0% of total shares owned.)

REASON FOR REPURCHASE REQUEST (SUBMIT REQUIRED DOCUMENTS, IF APPLICABLE):

- Death - For death repurchase requests, a copy of the stockholder's death certificate must be submitted to the Company.
- Qualifying Disability - For disability repurchase requests, (1) the stockholder's initial application for disability benefits, and (2) a Social Security Administration Notice of Award, a U.S. Office of Personnel Management determination of disability, or a Veteran's Benefits Administration record of disability-related discharge, must be submitted to the Company.
- Standard

By signing and submitting this form, the undersigned hereby acknowledges and represents to each of the Company and the Repurchase Agent (as defined in the Repurchase Plan) the following:

The undersigned is the owner (or duly authorized agent of the owner) of the Shares presented for repurchase, and thus is authorized to present the Shares for repurchase.

The Shares presented for repurchase are eligible for repurchase pursuant to the Repurchase Plan. The Shares are fully transferable and have not been assigned, pledged, or otherwise encumbered in any way.

The undersigned hereby indemnifies and holds harmless the Company, the Repurchase Agent, and each of their respective officers, directors and employees from and against any liabilities, damages, and expenses, including reasonable attorneys' fees, arising out of or in connection with any misrepresentation made herein.

Stock certificates for the Shares presented for repurchase (if applicable) are enclosed, properly endorsed with signature guaranteed.

It is recommended that this Share Repurchase Request and any attached stock certificates be sent to the Repurchase Agent, at the address below, via overnight courier, certified mail, or other means of guaranteed delivery.

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

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

Fax: 833.674.0762

Date: _____ Stockholder Signature: _____

Date: _____ Joint Stockholder/Trustee Signature: _____

<p>Office Use Only</p> <p>Date Request Received:</p> <p>_____</p>

<p>Medallion Stamp Guarantee (Required for custodial accounts)</p>

