



OPTIONAL - NOT APPLICABLE TO CUSTODIAL REGISTRATIONS  
**TRANSFER ON DEATH (T.O.D.) FORM**

**TRANSFER ON DEATH INFORMATION**

- A Transfer on Death (T.O.D.) designation transfers ownership of shares to the registered owner's beneficiary(ies) upon death; provided that American Healthcare REIT, Inc. receives proof of death and other documentation it deems necessary or appropriate.
- Until the death of the account owner(s), the T.O.D. beneficiary(ies) has (have) no present interest in, or authority over, the T.O.D. account.
- A T.O.D. designation will be accepted only where shares are owned by a natural person and registered in that individual's name or by two or more natural persons as joint tenants with rights of survivorship.
- Accounts registered to trusts, corporations, charities, and other such entities may not declare a T.O.D. designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a T.O.D. for accounts registered to a natural person.
- A T.O.D. designation made by joint tenants with rights of survivorship does not take effect until the last of all multiple owners die. The surviving owners may revoke or change the T.O.D. designation at any time.
- Minors may not be named as a beneficiary unless a custodian or guardian for such minor is also named.
- A T.O.D. designation and all rights related thereto shall be governed by the laws of the State of Missouri.
- A T.O.D. designation may be voided at any time by American Healthcare REIT, Inc., in its sole discretion, if there is any doubt as to the validity or effectiveness of a T.O.D. designation.
- A T.O.D. designation will not be accepted from residents of **Louisiana and Texas**.
- This form must not be used in conjunction with custodial held registrations. Under custodial held registrations, T.O.D. designations of beneficiaries will be collected by the custodian.

**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

**INVESTOR INFORMATION**

|   |  |   |
|---|--|---|
| #1. NAME OF REGISTERED OWNER (exactly as name appears on the current account registration)  |  |   |
| <input style="width: 100%;" type="text"/>   |  |   |
| #1. INVESTOR'S SSN  | #1. DAYTIME PHONE#   | #1. STATE OF RESIDENCE                    |
| <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| #2. NAME OF JOINT REGISTERED OWNER (exactly as name appears on the current account registration)  |  |   |
| <input style="width: 100%;" type="text"/>   |  |   |
| #2. INVESTOR'S SSN  | #2. DAYTIME PHONE#   | #2. STATE OF RESIDENCE                    |
| <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

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TRANSFER ON DEATH (T.O.D.) FORM**

**TRANSFER  
ON DEATH  
DESIGNATION**

I (we) authorize American Healthcare REIT, Inc. to register all of my (our) shares of its common stock in beneficiary form, assigning ownership on my (our) death to my (our) beneficiary(ies). I understand that if more than one beneficiary is listed, percentages for each must be designated. If percentages are not designated, the shares will be divided equally. Percentages must equal 100%. For additional beneficiaries, please complete and attach an additional form.

**PRIMARY BENEFICIARY**

FULL NAME

SSN (REQUIRED)  -  -  OR TAX ID#  -  PERCENTAGE  %

BIRTHDATE (REQUIRED)  -  -  GUARDIAN (if applicable)

SECONDARY BENEFICIARY OR  CONTINGENT BENEFICIARY

FULL NAME

SSN  -  -  OR TAX ID#  -  PERCENTAGE  %

BIRTHDATE (REQUIRED)  -  -  GUARDIAN (if applicable)

THIRD BENEFICIARY OR  CONTINGENT BENEFICIARY

FULL NAME

SSN  -  -  OR TAX ID#  -  PERCENTAGE  %

BIRTHDATE (REQUIRED)  -  -  GUARDIAN (if applicable)

FOURTH BENEFICIARY OR  CONTINGENT BENEFICIARY

FULL NAME

SSN  -  -  OR TAX ID#  -  PERCENTAGE  %

BIRTHDATE (REQUIRED)  -  -  GUARDIAN (if applicable)

**SIGNATURE**

By signing below, I (we) authorize American Healthcare REIT, Inc. to register all of my (our) shares of its common stock in T.O.D. form. The designation(s) will be effective on the date of receipt. Accordingly, I (we) hereby revoke any beneficiary designations(s) made previously with respect to my (our) American Healthcare REIT, Inc. shares. I (we) have reviewed the information set forth below. I (we) agree on behalf of myself (ourselves) and my (our) heirs, assigns, executors, administrators and beneficiaries to indemnify and hold harmless American Healthcare REIT, Inc. and any and all of its affiliates, agents, successors and assigns, and their respective directors, managers, officers and employees, from and against any and all claims, liability, damages, actions and expenses arising directly or indirectly out of or resulting from the transfer of my (our) shares in accordance with this T.O.D. designation. I (we) further understand that American Healthcare REIT, Inc. cannot provide any legal advice and I (we) agree to consult with my (our) attorney, if necessary, to make certain that the T.O.D. designation is consistent with my (our) estate and tax planning.

Sign exactly as the name(s) appear(s) in the Subscription Agreement/Signature Page. All registered owners must sign. This authorization form is subject to the acceptance of American Healthcare REIT, Inc.

X

SIGNATURE OF PRIMARY INVESTOR (required)

DATE

X

SIGNATURE OF JOINT INVESTOR (if applicable)

DATE



MEDALLION STAMP GUARANTEE (required)