



**OPTIONAL - NOT APPLICABLE TO CUSTODIAL REGISTRATIONS  
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.

SIGNATURE OF PRIMARY INVESTOR (required)

DATE

SIGNATURE OF JOINT INVESTOR (if applicable)

DATE

MEDALLION STAMP GUARANTEE  
(required)