



# STEADFAST APARTMENT REIT, INC.

## Account Update Form



**Faxable Form**  
877-756-1113

IF YOU NEED FURTHER ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL STIRA AT 888-223-9951.

This form may be used by any current investor in Steadfast Apartment REIT, Inc. to update the investor's mailing address, distribution method or financial representative information.

Instructions	<p><b>CHECK ALL THAT APPLY AND COMPLETE INDICATED SECTIONS:</b></p> <p><input type="checkbox"/> CHANGE OF ADDRESS (SECTIONS 1, 2 &amp; 5)</p> <p><input type="checkbox"/> CHANGE OF BROKER-DEALER/REPRESENTATIVE (SECTIONS 1, 3 &amp; 5)</p> <p><input type="checkbox"/> DISTRIBUTION MODIFICATION (SECTIONS 1, 4 &amp; 5)</p>	<p><b>ONCE COMPLETE, PLEASE DELIVER THIS FORM TO:</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Standard Mail</b> Stira c/o DST Systems, Inc. PO Box 219097 Kansas City, MO 64121-9097</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Express/Overnight</b> Stira c/o DST Systems, Inc. 430 W 7th St. Kansas City, MO 64105-1407</p> </td> </tr> </table> <p style="text-align: center;"><b>Fax 877-756-1113</b></p>	<p><b>Standard Mail</b> Stira c/o DST Systems, Inc. PO Box 219097 Kansas City, MO 64121-9097</p>	<p><b>Express/Overnight</b> Stira c/o DST Systems, Inc. 430 W 7th St. Kansas City, MO 64105-1407</p>
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1 Investor Information	<p>ACCOUNT NUMBER</p> <p>_____</p> <p>INVESTOR NAME</p> <p>_____</p> <p>INVESTOR SOCIAL SECURITY OR TAX ID #</p> <p>_____</p>	<p>JOINT INVESTOR NAME</p> <p>_____</p> <p>JOINT INVESTOR SOCIAL SECURITY OR TAX ID #</p> <p>_____</p>
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Enter the new mailing address and telephone numbers of the registered owner(s) of the investment(s). Partnerships, corporations and other organizations should include the name of an individual to whom correspondence should be addressed.

ADDRESS LINE 1

\_\_\_\_\_

ADDRESS LINE 2

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

<p><b>ELECTRONIC COMMUNICATION (OPTIONAL)</b></p> <p>I (we) elect to receive electronic delivery of shareholder communications from the Company instead of receiving paper copies through the mail. I (we) understand that the Company will send a paper copy of any shareholder communication that I (we) request and that I (we) may revoke this election at any time.</p>	<p><b>E-MAIL</b></p> <p>_____</p>
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If you currently have distributions sent to your home address or if you elect to have distributions sent to your home address in section 4 below, then by submitting this form, you authorize the distributions to be sent to the new mailing address provided. **To make changes to your distribution payments, please complete section 4.**

3 New Broker-Dealer/ Representative	<p>The undersigned broker-dealer or authorized representative warrants that it is a duly licensed registered representative or non-commission based financial advisor and may lawfully offer shares or units of the programs in the state designated as the investor's address or the state in which the sale is to be made, if different. The broker-dealer or authorized representative warrants that he or she has (a) reasonable grounds to believe that these investment(s) is suitable for the investor as defined in Section 3(b) of the Rules of Fair Practice of the FINRA Manual, and (b) verified that the investor and, if held through a beneficial arrangement for the investor, the registered owner of securities of the program do not appear on the Office of Foreign Assets Control list of foreign nations, organizations and individuals subject to economic trade sanctions.</p> <p>BROKER-DEALER NAME</p> <p>_____</p> <p>REPRESENTATIVE NAME _____ REP # _____</p>
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3 New Broker-Dealer/  
Representative  
(Continued)

REPRESENTATIVE'S ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL ADDRESS

REPRESENTATIVE SIGNATURE DATE

4 Distribution  
Modification

Complete this section to (i) enroll in the Distribution Reinvestment Plan (DRIP), (ii) elect to receive distributions by direct deposit and/or (iii) elect to receive distributions by check. If direct deposit is selected, a voided check must be included with this completed form (unless you currently have a portion of your dividends directly deposited into the same account and you are only changing the allocation amount). IRA accounts may not direct distributions without the Custodian's approval.

**PLEASE NOTE:** If you elect to participate in the DRIP, by signing below you represent to Stira that you have received a copy of the applicable Prospectuses (as supplemented) and that you meet the applicable suitability requirements of the alternative investment product in which you own an interest and of your state of primary residence as set forth in the Prospectus under "Suitability Standards." You further agree that if at any time you fail to meet the applicable investor suitability standards or cannot make the other investor representations or warranties set forth in the current Prospectuses (as supplemented) or the Subscription Agreements relating to such investments, you will promptly notify Stira in writing of that fact.

**CUSTODIAL ACCOUNTS:** IF NO OPTION IS CHOSEN, OR CONFLICTING INFORMATION IS PROVIDED, DISTRIBUTIONS WILL BE PAID DIRECTLY TO CUSTODIAN.  
**ALL OTHER ACCOUNTS:** IF NO OPTION IS CHOSEN, OR CONFLICTING INFORMATION IS PROVIDED, DISTRIBUTIONS WILL BE PAID TO THE ADDRESS OF RECORD.

**PERCENTAGE OF DISTRIBUTION.** CHOOSE UP TO TWO. IF YOU SELECT MORE THAN ONE OPTION, THE SUM OF THE ALLOCATIONS MUST EQUAL 100%

\_\_\_\_\_% **Distribution Reinvestment Plan (DRIP)** In the event a DRIP is not offered, distributions will be sent to the address of record (or directly to the custodian, as applicable), unless otherwise indicated.

\_\_\_\_\_% **Mail to my/our address of record** Not available for custodial accounts.

\_\_\_\_\_% **Mail to Custodian**

\_\_\_\_\_% **Via Electronic Deposit (ACH)** Not available for custodial accounts.  
I (we) hereby authorize the Company and/or Fund or its agents to deposit distributions into the account listed below. I (we) further authorize the Company and/or Fund to debit my (our) account in the event that the Company and/or Fund erroneously deposits additional funds into my (our) account to which I am (we are) not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I (we) withdraw funds erroneously deposited into my (our) account before the Company and/or Fund reverses such deposit, I (we) agree that the Company and/or Fund has the right to retain any future distributions to which I am (we are) entitled until the erroneously deposited amount is recovered by the Company and/or Fund.

FINANCIAL INSTITUTION NAME

Checking (**attach voided check**)

Savings

ABA/ROUTING NUMBER

ACCOUNT NUMBER

\_\_\_\_\_% **Alternate Payee** Not available for custodial accounts.

NAME OF BANK, BROKERAGE FIRM OR INDIVIDUAL

ACCOUNT NUMBER

DISTRIBUTION MAILING ADDRESS

CITY STATE ZIP

**Must total 100%**

%

5 Signatures

**MUST BE SIGNED BY ALL INVESTORS**

I/we acknowledge the terms herein and agree to the same, and further acknowledge that information and distributions sent or paid prior to the effective date (generally up to 10 days after receipt of this properly completed form) will be made in the manner previously provided. This instruction supersedes all prior instructions regarding the subject matter hereof.

INVESTOR SIGNATURE DATE JOINT INVESTOR SIGNATURE DATE

TRUSTEE/CUSTODIAN SIGNATURE (if applicable) DATE

CUSTODIAN/TRUSTEE MEDALLION SIGNATURE GUARANTEE