

STARWOOD ACCOUNT CHANGE FORM

INSTRUCTIONS

Instructions for Qualified Accounts:

1. Complete the form
2. Submit the form to the Custodian (the Custodian must sign the document)

Instructions for Non-Qualified Accounts:

1. Sections 1 and 5 must be completed
2. Fax the completed form to the following number 1-833-718-9741. If the requested change requires a Medallion Signature Guarantee, you must send in the original document to either of the following addresses:

By Standard Mail	Overnight Mail
Starwood c/o DST Systems, Inc. as Processing Agent PO BOX 219426 Kansas City, MO 64121-9426	Starwood c/o DST Systems, Inc. as Processing Agent 430 W 7th Street, STE 219426 Kansas City, MO 64105-1407

3. To obtain additional forms, investors should contact their financial advisor.
4. If you have any questions about how to correctly complete this form, please contact the Starwood Capital, L.L.C. Service Center at 1-877-648-3235.

THIS FORM MAYBE USED TO MAKE THE FOLLOWING CHANGES FOR NON-QUALIFIED ACCOUNTS:

Section 1.1: Change of Name: due to divorce or marriage, Power of Attorney Change;
Must be signed by investor(s)

Section 1.2: Change or correction of address of record

Section 1.3: Add an Alternate Mailing Address where duplicate tax and/or distribution statements may be sent

Section 2: Change Distribution Instructions
This form must be received 30 days prior to the next distribution payable date

Section 3: Change Financial Advisor;
Must be signed by investor(s)

Section 4: Electronic Delivery Election Change

Section 5: Signatures

STARWOOD ACCOUNT CHANGE FORM

1. CURRENT INVESTOR INFORMATION *(this section must be completed)*

Required For All Changes. Please type or use BLOCK letters.

Investor Name/Trustee _____ Social Security Number/TIN _____

Co-Investor Name/Trustee (if applicable) _____ Social Security Account Number _____

Client Name _____

Fund _____ Account Number _____

1.1 NAME ON ACCOUNT CHANGE *(Due to divorce/marriage, etc.)*

Important Notice: Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Add or Change Power of Attorney to _____

Add or Change Trustee Name to; **must be signed by investor(s)** _____

Change Name to; **must be signed by investor(s)** _____

1.2 ADDRESS OF RECORD CHANGE

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

1.3 ALTERNATE ADDRESS

Direct the following to this address in addition to the address of record.

Mail a duplicate of all mailings to the alternate address indicated below.

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

STARWOOD ACCOUNT CHANGE FORM

2. DISTRIBUTION INSTRUCTIONS CHANGE

This form must be received 30 days prior to the next distribution payable date.

To change your current election in the Distribution Reinvestment Plan (the "DRIP"), please select below:

I ELECT TO DISENROLL FROM THE DRIP

I ELECT TO BE ENROLLED IN THE DRIP

Mail check to the address of record.

(Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.)

Name of Financial Institution _____

FBO _____ Account Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Electronically deposit¹ distributions to the account indicated below:

Checking Savings

Name of Financial Institution _____

ABA Routing Number _____ Account Number _____

DST Systems, Inc. or its named agent (hereinafter referred to as "DST") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

¹ Attach a **voided check** or instructions from your Financial Institution. (A Deposit Ticket does not contain the required ACH information).

3. FINANCIAL ADVISOR OR INVESTOR REPRESENTATIVE CHANGE

Must be authorized by signature of the investor(s).

Please remember to make changes to Distributions, Section 2 if applicable.

New Broker-Dealer or Financial Institution Name _____

New Financial Advisor/Investor Representative Name(s) _____

Advisor Number/Team ID# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax _____ Email _____

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4. ELECTRONIC DELIVERY ELECTION CHANGE

Instead of receiving paper copies of the prospectus, prospectus supplements, annual reports, proxy statements, and other stockholder communications and reports, you may elect to receive electronic delivery of stockholder communications from Starwood Real Estate Income Trust, Inc. If you would like to consent to electronic delivery, including pursuant to email, please check the box below for this election.

We encourage you to reduce printing and mailing costs and to conserve natural resources by electing to receive electronic delivery of stockholder communications and statement notifications. By consenting below to electronically receive stockholder communications, including your account-specific information, you authorize said offering(s) to either (i) email stockholder communications to you directly or (ii) make them available on our website and notify you by email when and where such documents are available.

You will not receive paper copies of these electronic materials unless specifically requested, the delivery of electronic materials is prohibited or we, in our sole discretion, elect to send paper copies of the materials. By consenting to electronic access, you will be responsible for your customary internet service provider charges and may be required to download software in connection with access to these materials.

I consent to electronic delivery (*initial here*): _____

Email Address (please print): _____

5. REQUIRED SIGNATURES *(this section must be completed)*

Required For All Changes.

Sections 1.1, 2 and 3 must be authorized with the signature of the Investor(s) and/ or Custodian.

Financial Advisor/Investor Representative signature indicates representation that he/she is authorized to make changes on behalf of the investor(s).

Required Signatures - All Investors or Authorized Representative(s)

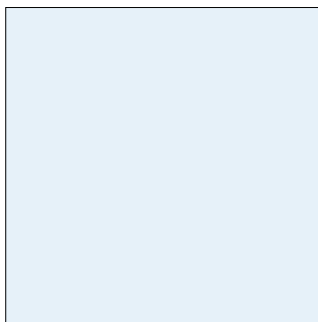
Signature of Investor/Trustee _____ Date _____

Signature of Co-Investor/Trustee - OR - Custodian _____ Date _____

Signature of Financial Advisor/Investor Representative _____ Date _____

Signature Guarantee Stamp is required when the custodian is signing on behalf of the Investor/ Trustee and when Investor Name is changing.

Signature Guarantee



If affixing a Medallion Signature Guarantee you must send in the original document to either of the following addresses:

By Standard Mail	Overnight Mail
Starwood c/o DST Systems, Inc. as Processing Agent PO BOX 219426 Kansas City, MO 64121-9426	Starwood c/o DST Systems, Inc. as Processing Agent 430 W 7th Street, STE 219426 Kansas City, MO 64105-1407