



# Paladin Realty Income Properties, Inc.

## Dividend Reinvestment Plan (DRIP) Authorization/Termination Form

This form may be used by any current investor(s) (an "Investor") in Paladin Realty Income Properties, Inc. (the "Company") to (a) elect to participate in the Company's Dividend Reinvestment Plan (the "DRIP"), (b) to terminate participation in the DRIP or (c) make other modifications of participation in the DRIP as provided herein. **Please refer to the DRIP attached as an exhibit to the Company's prospectus as amended to date (the "Prospectus") for a complete description of the DRIP.**

**Please deliver this form to:** Phoenix American Financial Services, Inc., Attn.: Paladin Realty Investor Relations Dept., 2401 Kerner Boulevard, San Rafael, California 94901. If you have any questions, please call Phoenix American at 1-877-485-4840 (toll free).

### 1. Name and Address of Investor

Name of Investor \_\_\_\_\_ Investor # \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

### 2. Dividend Reinvestment Instructions

The undersigned Investor elects to have the Company take the following action in respect of all dividends payable to the Investor with respect to **ALL** of Investor's shares or units in the Company:

**Check One**

**Reinvest** all of the dividends paid in respect of all shares owned in the Company in additional shares of the Company through its Dividend Reinvestment Plan (the "DRIP"). Investor understands that dividend reinvestment will commence with the next dividend payable after receipt of this notice (if received at least ten (10) days prior to the record date for such dividend) and for all dividends thereafter. **Please skip Section 3 and proceed directly to Section 4.**

**Terminate** participation in the DRIP in respect of all shares owned in the DRIP. Investor understands that such termination will be effective for the next dividend payable after receipt of this notice (if received at least ten (10) days prior to record date for such dividend) and for all dividends thereafter. Any future dividends will be sent to the Investor at the address provided in the Investor's original Subscription Agreement for shares of the Company, unless directed otherwise as provided below. **Please proceed to Section 3 below.**

### 3. Dividend Payment Instructions (Complete this section only if you have elected to terminate participation in the DRIP)

The undersigned Investor elects to have dividend payments made as indicated below:

**Check One**

Direct deposit to bank account in the Investor's name \_\_\_Checking \_\_\_Savings \_\_\_Other   
(please complete the Direct Deposit Authorization form at the top of the next page).

Direct deposit to bank account in the name of a Financial Institution \_\_\_Checking \_\_\_Savings \_\_\_Other   
(please complete the Direct Deposit Authorization form at the top of the next page).

Dividend checks made out to Investor and mailed to the address set forth in Section 1 above.

**Direct Deposit Instructions:** Please enclose a voided check (if this account does not have checking associated with it, please enclose a deposit slip). Please complete all of the information requested for this account in the blanks below. By enclosing a voided check, deposit slip or otherwise providing below account information for direct deposit of distributions, the Company is authorized and directed to begin making electronic deposits to the checking or savings account designated by the enclosed voided check. An automated deposit entry shall constitute the receipt for each transaction. This authority is to remain in force until the Company has received written notification of its termination at such time and in such manner as to give the Company reasonable time to act. In the event that the Company deposits funds erroneously into the account, it is authorized to debit the account for the amount of the erroneous deposit.

**Direct Deposit Authorization:** (For direct deposit of distributions to the Investor or a Financial Institution)

Name on Account \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Acct # \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Distribution Check Authorization:** (Checks will be sent to the Financial Institution named below.)

Name on Account \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Acct # \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**4. Signatures of Investor**

**MY/OUR SIGNATURE(S) BELOW INDICATE(S) I/WE HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I/we acknowledge that information and dividends made or sent prior to the date this instruction becomes effective will be made in the manner previously provided for. This instruction supersedes all prior instructions regarding the subject matter hereof.**

Signature of Investor or Trustee	Printed Name of Investor or Trustee <b>(Must be exactly as shown on the original Subscription Agreement)</b>	Date
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Signature of Joint Owner, if applicable	Printed Name of Joint Owner, if applicable <b>(Must be exactly as shown on the original Subscription Agreement)</b>	Date
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