



ACCOUNT MODIFICATION FORM

Cantor Fitzgerald Income Trust, Inc.

1. REGISTRATION NAME(S) (Required)

Account Registration: _____

Account Number _____

Name of Account Owner _____

SSN/Tax ID ____ _

Name of Joint Account Owner _____

SSN/Tax ID ____ _

Name of Trust or Entity _____

Name of Custodian or Trustee _____

SSN/Tax ID ____ _

2. ADDRESS OF RECORD CHANGE

Legal Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Phone Number _____ Alternate Phone Number _____

Email _____ Fax _____

3. ALTERNATE ADDRESS

Duplicate Mailings

Name _____

Mailing Address (Can be a P.O. Box) _____

City _____ State _____ Zip _____

Phone Number _____ Alternate Phone Number _____

Email _____ Fax _____

4. CHANGE OF DISTRIBUTION

If a box is not checked below, 100% of your distributions will be sent to the address of record or custodian, if applicable.

- I choose to have distributions sent to the address of record**
- I elect to participate in the Distribution Reinvestment Plan (DRIP) described in the Prospectus**

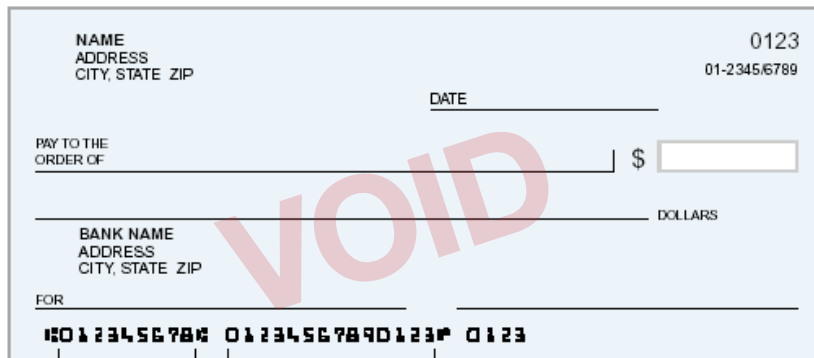
If you fail to meet the minimum income and net worth standards or cannot make the other investor representations or warranties set forth in the Prospectus or the Subscription Agreement relating to such investment, promptly notify Cantor Fitzgerald Income Trust, Inc. in writing of that fact.

If custodial held, cash will be sent to the custodian. Otherwise cash will be sent to the mailing address of record, or sent via direct deposit (only if bank information is provided).

- I choose to have distributions sent to the address below**
- Direct Deposit (Attach Voided Check) NOT APPLICABLE FOR CUSTODIAL HELD ACCOUNTS**

I authorize Cantor Fitzgerald Income Trust, Inc., or its agent (collectively, "CFIT") to deposit my distributions in the checking or savings (not available for brokerage accounts) account identified below. This authority will remain in force until I notify CFIT in writing to cancel it. In the event that CFIT deposits funds erroneously into my account, CFIT is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit (not available without custodial approval, if applicable).

- Checking** (must enclose voided check)
- Savings** (must provide copy of bank statement or verification from bank)



9 Digit Routing Number

Account Number

Name of Bank, Brokerage Firm or Individual _____

Address _____

City _____ State _____ Zip _____

ABA/Routing Number _____ Account Number _____



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5. CHANGE OF BROKER DEALER AND/OR REGISTERED REPRESENTATIVE

New Broker Dealer Name _____

New Broker Dealer Address _____

City _____ State _____ Zip _____

New Financial Representative's Name _____

New Financial Representative's Number _____

New Financial Representative's Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Email _____

6. ELECTRONIC DELIVERY OPTION

I consent to electronic delivery.

Discontinue electronic delivery.

Email _____

By checking this box, Cantor Fitzgerald Income Trust, Inc. will make certain investor communications available on its website at www.cfincometruster.com and notify you via e-mail when such documents are available. Investor communications that may be delivered electronically include account statements, tax forms, annual reports, proxy statements and other investor communications. By electing electronic delivery, you: (i) agree that you have provided a valid e-mail address in this Section; (ii) agree that you have the appropriate hardware and software to receive e-mail notifications and view PDF documents; and (iii) understand that electronic delivery also involves risks related to system or network outages that could impair your timely receipt of or access to your documents. Cantor Fitzgerald Income Trust, Inc. may choose to send one or more items to you in paper form despite your consent to electronic delivery. You may also request a paper copy of any particular investor document. Your consent will be effective until you revoke it by changing your delivery preference by contacting Cantor Fitzgerald Income Trust, Inc. at (855) 9-CANTOR, option 2.

7. REQUIRED SIGNATURES

Medallion Signature Guarantee Stamp is required only when the account is held through a custodian or if the custodian is signing on the behalf of the Beneficial Owner.

Signature of Investor

Date

Signature of Joint Investor (if applicable)

Date

Affix Medallion Signature Guarantee Stamp Here- If applicable

Affix Medallion Signature Guarantee Stamp Here- If applicable

When completed, please send to:

Cantor Fitzgerald Income Trust, Inc.

c/o DST Systems, Inc.

PO Box 219206

Kansas City, MO 64121-9206

Fax to: (844) 616-8638

For questions please contact our Call Center at (855) 9-CANTOR, option 2