

1. REGISTRATION NAME(S) ON ACCOUNT

Required for ALL repurchase requests. Qualifying stockholders who desire to request redemption of their shares must have this Share Repurchase Form completed and executed where indicated by ALL parties who have ownership of the shares.

Account # _____

Trust or Entity Name (if applicable) _____

SSN/Tax ID _____ Date of Formation ____ / ____ / ____

Name of Investor/Trustee 1 _____

SSN/Tax ID _____ Date of Birth ____ / ____ / ____

Joint Investor/Trustee (if applicable) _____

SSN/Tax ID _____ Date of Birth ____ / ____ / ____

Legal Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Phone _____

2. REDEMPTION REQUEST

Indicate whether this is a standard redemption request, or value redemption due to Death, Disability, Determination of Incompetence. If a standard request, please indicate number of shares you wish to be redeemed.

Please indicate reason for redemption:

- Standard Repurchase
- Repurchase Due to Death (please attach a copy of the death certificate)
- Repurchase Due to Disability (please provide appropriate documentation)
- Determination of Incompetence (please provide the declaration from a U.S. Court)

Redemption options:

- Full Repurchase:**
Repurchase ALL shares from my (our) account.
- Partial Repurchase:**
Repurchase _____ shares from my (our) account.

3. PROCEEDS

Please state where you request to receive the redemption proceeds:

- I prefer for my proceeds to be sent by mail to my mailing address or Custodian of record.
- I prefer for my proceeds to be deposited into a third-party account as instructed below (not available for custodial held accounts).

Name of Bank, Brokerage Firm or Individual _____

Address _____

City _____ State _____ Zip _____

ABA/Routing Number _____ Account Number _____

4. SIGNATURES

IN ORDER TO HAVE THIS AGREEMENT EXECUTED, THE INVESTOR(S) MUST SIGN THIS SECTION.

Please Note: A medallion-stamped signature guarantee is required in order to process each transaction. If the ownership is held in joint tenancy, then all parties must sign. If the shares are held through a custodian, as in the case of an IRA, after you sign the form, please forward it to your custodian for their authorization and signature. Please contact your financial advisor with any questions.

Signatures of Owner and Co-Owner: All investor(s)/registered owner(s) must sign this form to authorize the above instruction. The signature(s) to this application must correspond with the name(s) and account registration in which the shares are held, in every particular, without alteration or any change whatsoever.

Hardship Repurchase Representation: (Applicable to value redemptions due to death, disability or determination of incompetence). By signing this form I represent and warrant that: (i) These shares are being submitted for repurchase in conjunction with the death of the stockholder(s), "qualifying disability" or "determination of incompetence" of the stockholder(s) as defined in the share repurchase program (and a copy of the required documentation accompanies this request); (ii) I have the legal authority to request the repurchase of these shares and these shares are owned free and clear of any pledge, security interest, lien, charge, claim, option, right of first refusal of other restriction on transfer of any nature whatsoever, with no defects of title whatsoever; and (iii) I understand and agree that the repurchase price equal to the price paid to acquire such shares from us; provided, that, the redemption price cannot exceed the then-current offering price and the repurchase price shall be reduced as may be necessary to equal the then-current offering price of such class of shares.

Owner Signature _____

Co-Owner Signature _____

Custodian Signature _____

Date _____

Affix Medallion Signature Guarantee Stamp Here – Account Owner

Affix Medallion Signature Guarantee Stamp Here – Account Owner

If the account involves a custodian, forward this form to the custodian for its signature and Medallion Stamp Guarantee with instructions to return it to the Transfer Agent as indicated below.

Send completed form to:

REGULAR MAIL ADDRESS:

Cantor Fitzgerald Income Trust, Inc.
c/o LODAS Transfer
1710 Keller Parkway #1987
Keller, TX 76248

OVERNIGHT ADDRESS:

Cantor Fitzgerald Income Trust, Inc.
c/o LODAS Transfer
1710 Keller Parkway #1987
Keller, TX 76248