

Transfer Instructions and Forms**The following are instructions and forms needed to transfer shares of Cantor Fitzgerald Income Trust, Inc.**

1. The transferor is the entity that is the current owner, the transferee is the entity to which the shares are to be transferred.
2. All transferor and transferee signatures must be guaranteed by a member of an approved Signature Guarantee Medallion Program.
3. If the transferee is an entity other than an individual (e.g., a trust, corporation, limited partnership, general partnership or limited liability company), please enclose a copy of the trust agreement, articles of incorporation, or other information pertinent to your type of entity.
4. If the transfer is due to death, please enclose a copy of the death certificate. If there is an executor of the estate, please enclose a copy of the Letters of Administration or court appointment of the executor dated within 90 days of the submission of the transfer forms.
5. If the transfer is due to a divorce, please enclose relevant pages of the divorce decree. If the account involves a custodian, forward this form to the custodian for its signature and Medallion Stamp Guarantee (MSG) with instructions to return it to the Transfer Agent as indicated below.
6. Original Medallion Signature Guarantees required.
7. Please return completed forms 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

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



TRANSFER AND ASSIGNMENT OF OWNERSHIP

Cantor Fitzgerald Income Trust, Inc.

1. TRANSFEROR/CURRENT OWNER INFORMATION

(If Custodial, provide beneficial owner information in Section 1 and Custodial information in Section 2)

Account Number: _____

Name of Transferor/Current Owner

Name of Joint Transferor/Current Owner

Address

City

State

Zip

SSN/Tax Payer ID

_____/_____/_____
Date of Birth

Phone Number

2. CUSTODIAN INFORMATION

Name of Custodian

Custodian Tax ID

Address

City

State

Zip

Custodian Account Number

Phone Number

3. TRANSFER INFORMATION (Some transfers will require additional documentation)

A) Amount to Transfer:

All shares to be transferred

Partial Transfer of \$ _____ **OR** _____ Shares

B) Reason for Transfer:

Re-Registration (Name change, individual to joint, trust, etc.)

Sale (\$ _____ per share)

Death

Other (provide details) _____

Gift

4. TRANSFEROR/CURRENT OWNER SIGNATURES

The Transferor declares that the information supplied herein, including the representations and warranties set forth on page 1 is true and correct and may be relied upon by the Company and that all Transferors acting in a representative capacity for a corporation, partnership, trust or other entity has full authority to execute this Transfer and Assignment in such capacity.

Signature of Transferor/Current Owner or TTEE

Signature of Co-Transferor/Current Owner or TTEE

Signature of Custodian

Title of Signor

Affix Medallion Signature Guarantee Stamp Here – Account Owner

Affix Medallion Signature Guarantee Stamp Here – Account Owner

5. TRANSFEREE/NEW OWNER INFORMATION

(Please complete section A and B. If custodial, provide custodial information in Section 6.)

A) OWNERSHIP TYPE:

Non-Qualified

- Individual Ownership
- Joint Tenants with Rights of Survivorship – All parties must sign
- Tenants in Common – All parties must sign
- Corporate Ownership – Authorized signature required
Include copy of corporate resolution: S or C Corp
- Partnership Ownership – Authorized signature required
- Qualified Pension Plan and Profit-Sharing Plan (non-custodial)
- LLCs

Non-Qualified

- Taxable Trust – Authorized signatures required
Provide Certification of Trust
- Tax – Exempt Trust – Authorized signatures required
Provide Certification of Trust
- Other (Specify): _____

Qualified

- Traditional IRA – Custodian & Owner signature required
- ROTH IRA – Custodian & Owner signature required
- Deceased IRA – Custodian signature required
Name of Deceased: _____

- Date of Death ____/____/____
- Simplified Employee Pension/Trust (SEP)
- Pension or Profit Sharing Plan – Custodian signature required
- Uniform Gift to Minors Act – Custodian signature required
State of: _____ Custodian for: _____
- Other (Specify): _____

B) TRANSFEREE/NEW OWNER INFORMATION:

| | | | |
|--|---|--------------|-----|
| Entity Name | Date of Formation | | |
| SSN/Tax Payer ID of Transferee/New Owner | Date of Birth of Transferee/New Owner | | |
| SSN/Tax Payer ID of Joint Transferee/New Owner | Date of Birth of Joint Transferee/New Owner | | |
| Name of Transferee/New Owner | Name of Joint Transferee/New Owner | | |
| Address | City | State | Zip |
| SSN/Tax Payer ID | Date of Birth | Phone Number | |
| Email | | | |



TRANSFER AND ASSIGNMENT OF OWNERSHIP

Cantor Fitzgerald Income Trust, Inc.

6. CUSTODIAN INFORMATION*

| | | | |
|--------------------------------|------------|------------------------|-----------|
| Name of Custodian _____ | | Custodian Tax ID _____ | |
| Address _____ | City _____ | State _____ | Zip _____ |
| Custodian Account Number _____ | | Phone Number _____ | |

* 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 at the end of the form.

7. DISTRIBUTION (Choose one or more of the following options)

- I elect to participate in the Distribution Reinvestment Plan (DRIP) described in the Prospectus
- I choose to have distributions sent to my mailing address in section 5
- 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** (verification from bank must be provided)

Name of Bank, Brokerage Firm or Individual _____

Address _____

City _____ State _____ Zip _____

ABA/Routing Number _____ Account Number _____

8. BROKER DEALER AND REGISTERED REPRESENTATIVE INFORMATION

Broker Dealer Name _____

Representative's Name _____

Representative's Company Name _____

Representative's Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

9. TRANSFEREE/New OWNER

Must be signed and completed by party under which tax information is to be reported or taxes will be withheld from distributions. Tax information may only be reported under one tax ID or social security number.

THE UNDERSIGNED CERTIFIES, under penalties of perjury (i) that the taxpayer identification number shown in section 5 (or section 6 if Custodial Account) of this form is true, correct and complete, and (ii) that I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or distributions, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding and (iii) I am a US person (as defined by IRS Form W-9). The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

The Transferee declares that the information supplied herein, including the representations and warranties set forth in this document are true and correct and may be relied upon by the Company and that all Transferees acting in a representative capacity for a corporation, partnership, trust or other entity has full authority to execute this Transfer and Assignment in such capacity.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. If custodial held account, Administrator or Custodian must sign.

Signature of Transferee/New Owner or TTEE

Signature of Joint Transferee/New Owner or TTEE (if applicable)

Signature of Custodian

Title of Signor

Affix Medallion Signature Guarantee Stamp Here

Affix Medallion Signature Guarantee Stamp Here

Original medallion signature guarantees required.

Send completed form to:

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