

RREEF Property Trust—Account Transfer (Re-Registration) Form Transferor/Seller Section

IMPORTANT: Transferor/Seller and Transferee/Buyer Sections must be submitted simultaneously, which must be executed by both Transferor/Seller and each Transferee/Buyer.

To be completed by individual transferring/selling shares of RREEF Property Trust.

Transferor information

Full Name of the Company:

RREEF Property Trust, Inc.

Shares to be transferred

All current shares

Other (specify number of shares) _____

Shareholder Account Number _____

1 Transferor (or seller) information

Company shares are currently registered as follows

Title _____

Tax ID or SSN _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Registered Representative Name _____

Rep Number _____

Branch ID _____

2 Reason for transfer (check one)

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

Divorce

Sale (Provide the cost per share of transfer _____)

Gift (Provide the date of gift _____)

Death* (Provide the date of death _____)

Other (Please specify) _____

(Alternate date _____ or alternate value \$ _____) (If applicable)

For certain types of transfers, additional documentation may be required.

*In the event of a transfer due to death, please provide a copy of the death certificate in lieu of signature.

continued on next page



By executing this Form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities laws and regulations. The transferor(s) understands that the transfer may be made only in compliance with the Articles of Incorporation and Bylaws, as amended, of the Company. The signature(s) on this Form must correspond with the name(s) in which the transferor(s) hold the transferred share.

California residents may go to <https://fundsus.dws.com/us/en-us/legal-resources/privacy-policy.html#statepolicies> to obtain additional information relating to their rights under California state law.

Transferor's Signature
Place Medallion Signature Guarantee here:

Date

Co-Transferor's Signature
(for Custodian's Signature for Qualified Plans)

Date

Co-Transferor's Signature
Place Medallion Signature Guarantee here:

Date



Account Transfer (Re-Registration) Form Transferee/Buyer Section

IMPORTANT: Transferor/Seller and Transferee/Buyer Sections must be submitted simultaneously, which must be executed by both Transferor/Seller and each Transferee/Buyer.

To be completed by individual to whom shares of RREEF Property Trust are being transferred/sold. For more than one transferee/buyer, please print/complete additional copies of Transferee/Buyer Section.

Transferee information

Full Name of the Company:

Shares to be transferred

All current shares

Other (specify number of shares) _____

RREEF Property Trust, Inc.

Share Class: Class A Shares Class I Shares

Class M-I Shares Class S Shares Class T Shares

Class T2 Shares

3 Transferee (or buyer) information

Co-transferee (or co-buyer) information

Title

Title

Address

Address

City

State

Zip

City

State

Zip

Telephone

Telephone

Business Phone

Business Phone

Email Address

Email Address

Tax ID or SSN

Tax ID or SSN

Date of Birth

Date of Birth

4 Type of ownership

Non-Qualified Registration Types

- Individual (If TOD, attach application)
- Joint Tenant* (If TOD, attach application)
- Tenants in Common*
- Community Property*

- Trust**
- Non-Profit Organization**
- Estate

- UGMA: State of _____
- UTMA: State of _____
- Corporation**
 - S-Corp C-Corp
(Will default to S-Corp if nothing is marked)
- Partnership**
- LLC**
- Other (Specify) _____

Qualified Registration Types

- Traditional (Individual) IRA
- Simple IRA
- Beneficial IRA
- SEP IRA
- ROTH IRA

Decedent's name: _____

Qualified Registration Types—Employer Plans

- Profit Sharing Plan**
- KEOGH Plan**
- Pension Plan**

*All parties must sign.

**Please attach pages of trust/plan document (or Articles of Incorporation) which lists the names of trust/plan, trustees, signatures and date. The Certification of Investment Powers for Trust Accounts form may be completed in lieu of providing trust documents.

For Non-Qualified Custodial Accounts and All Qualified Accounts, please complete Section 6

5 Individual or joint account and IRA

For joint accounts, the Social Security number of the primary account owner will be used for IRS reporting.

Name of Primary Account Owner Social Security Number Date of Birth—MM/DD/YYYY

U.S. Residential Address (P.O. Box not acceptable) City State ZIP

Mailing Address (if different) City State ZIP

Daytime Phone Number Extension E-mail Address

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Select one: Employed Not-employed Retired

If you checked not-employed or retired, please provide source of income: _____

Occupation Name of Employer

Address of Employer City State Zip

Name of Second Joint Owner (if any) Social Security Number Date of Birth—MM/DD/YYYY

U.S. Residential Address (P.O. Box not acceptable) City State Zip

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Select one: Employed Not-employed Retired

If you checked not-employed or retired, please provide source of income: _____

Occupation Name of Employer

Address of Employer City State Zip

Please attach a separate sheet with the above information for each additional owner.

5a. Entity account

Legal documentation proving the existence of the entity must be presented when establishing one of these account types. (Articles of Incorporation Trust or Plan document.)

For a trust or business account, is the entity engaged in internet gambling or support companies engaged in internet gambling?

Select one: Yes No

If yes, please explain: _____

Name of Legal Entity Social Security Number OR Tax ID Number

Street Address of Legal Entity (P.O. Box not acceptable) City State Zip

Mailing Address (if different) City State Zip

Daytime Phone Number Extension E-mail Address

Date of Trust Agreement (for trusts only) – MM/DD/YYYY

Name of Trustee/Authorized Signer Social Security Number of Trustee/Authorized Signer Date of Birth—MM/DD/YYYY

U.S. Residential Address (P.O. Box not acceptable) City State ZIP

Mailing address (if different) City State ZIP

Daytime Phone Number Extension E-mail Address

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Name of co-trustee/authorized signer Social Security Number of Co-Trustee/Authorized Signer Date of Birth—MM/DD/YYYY

U.S. Residential Address (P.O. Box not acceptable) City State ZIP

Mailing address (if different) City State ZIP

Daytime Phone Number Extension E-mail Address

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

5a. Entity account (continued)

For a Trust Account

Check here if the grantor/settlor is the same as the trustee

For Trust Accounts, Name of Grantor/Settlor (if different from Trustee)	Social Security Number of Grantor/Settlor	Date of Birth—MM/DD/YYYY	
U.S. Residential Address (P.O. Box not acceptable)	City	State	ZIP

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Please attach a separate sheet with the above information for each additional trustee, grantor/settlor, or authorized signer.

For a Business Account (Ex: Corporation, Partnership, etc.)

Please provide the industry in which the legal entity operates: _____

For business accounts, please provide a listing of all ultimate beneficial owners or controlling parties which have an interest equal to or greater than 25% (If there are none, write "none" above name or leave blank)

Name	Social Security Number	Date of Birth—MM/DD/YYYY	
Street Address of Legal Entity (P.O. Box not acceptable)	City	State	ZIP

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Name	Social Security Number	Date of Birth—MM/DD/YYYY	
Street Address of Legal Entity (P.O. Box not acceptable)	City	State	ZIP

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Please attach a separate sheet with the above information for each additional ultimate beneficial owner.

5b. UGMA/UTMA account

If the minor's Social Security number has been applied for, but not yet received, please include a copy of the Social Security card application (Form-SS5). Unless you indicate otherwise, the account will follow the UGMA/UTMA rules for the minor's state.

Name of Minor	Social Security Number	Date of Birth of Minor—MM/DD/YYYY	
Street Address (P.O. Box not acceptable)	City	State	ZIP

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

5b. UGMA/UTMA account (continued)

Name of Custodian		Social Security Number of Custodian	Date of Birth of Custodian—MM/DD/YYYY	
U.S. Residential Address (P.O. Box not acceptable)		City	State	ZIP
Mailing Address (if different)		City	State	ZIP
Daytime Phone Number	Extension	E-mail Address		

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Select one: Employed Not-employed Retired

If you checked not-employed or retired, please provide source of income: _____

Occupation	Name of Employer			
Address of Employer	City	State	ZIP	

5c. Employer sponsored retirement/savings plan

Custodian/Trustee

Name of Custodian/Trustee		Tax ID Number		
U.S. Business Address		City	State	ZIP
Mailing address (if different)		City	State	ZIP
Daytime Phone Number	Extension	E-mail Address		

Participant/Employee

Name of Participant/Employee		Social Security Number	Date of Birth—MM/DD/YYYY	
U.S. Residential Address (P.O. Box not acceptable)		City	State	ZIP
Name of Participant/Employee		Social Security Number		
U.S. Residential Address (P.O. Box not acceptable)		City	State	ZIP

U.S. Citizen Resident alien If resident alien, please provide country of citizenship: _____

Select one: Employed Not-employed Retired

If you checked not-employed or retired, please provide source of income: _____

Occupation	Name of Employer			
Address of Employer	City	State	ZIP	

6 Third party custodian/trustee information

Applies to ALL retirement accounts. Also applies to non-retirement accounts that have elected to use a third party custodian.

Make checks payable to the custodian and **send ALL paperwork directly to the custodian**. The custodian is responsible for sending payments pursuant to the instructions as set forth below.

Name of Custodian/Trustee

Custodian/Trustee Address 1

Custodian/Trustee Address 2

Custodian/Trustee City

State

ZIP

Custodian/Trustee Telephone Number

Custodian/Trustee Tax Identification Number

Investor's Account Number with Custodian/Trustee

Important Note About Proxy Voting: By signing this subscription agreement, Custodian/Trustee authorizes the investor to vote the number of shares of common stock of RREEF Property Trust, Inc. that are beneficially owned by the investor as reflected on the records of RREEF Property Trust, Inc. as of the applicable record date at any meeting of the shareholders of RREEF Property Trust, Inc. This authorization shall remain in place until revoked in writing by Custodian/Trustee. RREEF Property Trust, Inc. is hereby authorized to notify the investor of his or her right to vote consistent with this authorization.

7 Interested party (optional)

If you would like a duplicate copy of all communications the Company sends to you to be sent to an additional party, please complete the following.

Name of Interested Party

Name of Firm

Mailing Address

Phone

City

State

ZIP

Fax

Email Address

8 Distribution information (choose one or more of the following options)

If you select more than one option you must indicate the percentage of your distribution to be applied to each option and the sum of the allocations must equal 100%.

If you do not complete this section, distributions will be paid to the registered owner at the address in Section 5. IRA accounts may not direct distributions without the custodian’s approval.

If you elect to participate in the Distribution Reinvestment Plan, you are requested to promptly provide written notification to RREEF Property Trust, Inc., c/o DST Systems, Inc., 430 W. 7th Street, Suite 219985, Kansas City, MO 64105, if at any time you experience a material change in your financial condition, including the failure to meet the income and net worth standards imposed by your state of residence and as set forth in the Prospectus and this Subscription Agreement relating to such investment. This request in no way shifts the responsibility of RREEF Property Trust, Inc.’s sponsor, or any other person selling shares on behalf of RREEF Property Trust, Inc. to you, to make every reasonable effort to determine that the purchase of RREEF Property Trust, Inc.’s shares is a suitable and appropriate investment based on information provided by you.

- I prefer to participate in the Distribution Reinvestment Plan, as described in the Prospectus. _____ % of Distribution
- Send distributions via check to the investor’s home address (or for all accounts with a custodian to the address listed in Section 6) _____
- Send distributions via check to the alternate payee listed here (not available for custodial held accounts without the custodian’s approval) _____

Name

Address

City

State

ZIP

Account Number

- Direct Deposit (Attach Voided Check)** I authorize RREEF Property Trust, Inc. or its agent to deposit my distributions in the checking or savings account identified below. This authority will remain in force until I notify RREEF Property Trust, Inc. in writing to cancel it. In the event that RREEF Property Trust, Inc. deposits funds erroneously into my account, RREEF Property Trust, Inc. is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit. (not available for custodial held accounts without the custodian’s approval)

Financial Institution Name

% of Distribution

Checking

ABA/ Routing Number

Account Number

Savings

9 Broker-dealer information

Broker-Dealer Name

Representative Name

Rep Number

Representative’s Firm Name

Branch ID

Representative’s Address

Representative’s City

State

Zip

Representative’s Phone

Representative’s Fax Number

Representative’s E-mail Address

Check this box if you would like the financial institution, branch, and representative information carried over to the new account.

My (our) signature(s) below hereby authorizes the Company to deposit distributions from my (our) interest in stock of the Company into the account at the financial institution as indicated herein. I (we) further authorize the Company to debit this account in the event that the Company erroneously deposits additional funds to which I am (we are) not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I (we) withdraw funds erroneously deposited into my (our) account before the Company reverses such deposit, I (we) agree that the Company has the right to retain any future distributions that I am (we are) entitled to receive until the erroneously deposited amounts are recovered by the Company. This authorization is to remain in full force and effect until the Company has received written notice from me (us) of the termination of this authorization in time to allow reasonable opportunity to act on it, or until the Company has sent me (us) written notice of termination of this authorization.

Substitute IRS Form W-9 (required for U.S. investors only): I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on this Subscription Agreement is my correct tax payer identification number, (ii) unless the box below is checked, I am not subject to backup withholding because a) I am exempt from backup withholding; or b) the Internal Revenue Service (IRS) has not notified me that I am subject to backup withholding as a result of failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding; and (iii) I am a U.S. citizen or other U.S. person.

Please check this box **only** if you are subject to backup withholding. Please include a copy of the notification letter you received from the IRS.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications to avoid backup withholding.

By executing this form, the transferee(s) represent that they have received the Prospectus and the other filings made by the Company with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and Bylaws, as amended.

California residents may go to <https://fundsus.dws.com/us/en-us/legal-resources/privacy-policy.html#statepolicies> to obtain additional information relating to their rights under California state law.

If there is a custodian listed in section 6, or a trustee who is not a signatory on the transferee signature lines below, they **MUST** sign below.

 Transferee's Signature
 Place Medallion Signature Guarantee here

 Date

 Co-Transferee's Signature
 (for Custodian's Signature for Qualified Plans)

 Date

 Co-Transferee's Signature
 Place Medallion Signature Guarantee here

 Date

All signatures must be medallion signature guaranteed

STOP! Please take note of the below instructions.

For all accounts that have elected to use a third party custodian: Your Broker-Dealer or Registered Investment Advisor MUST send the Subscription Agreement directly to the custodian for signature and processing, not to us.

For all other accounts: The Subscription Agreement should be delivered or mailed by your Broker-Dealer or Registered Investment Advisor, as applicable, to:

Regular Mail

Investment Processing Department
 c/o DST Systems, Inc.
 P.O. Box 219985
 Kansas City, MO 64121-9985
 Investors: (855) 285-0508
 Financial Advisors: (800) 621-1148

Overnight Mail

Investment Processing Department
 c/o DST Systems, Inc.
 430 W. 7th Street Suite 219985
 Kansas City, MO 64105
 Investors: (855) 285-0508
 Financial Advisors: (800) 621-1148



RREEF Property Trust—Application For Transfer Instructions

- The term transferor means the party from whom the shares are to be transferred. The term transferee is the party or parties to whom the shares are to be transferred. Definitions:
 - “Transferor” - Current account holder
 - “Transferee” - Entity receiving shares
 - “Company” - RREEF Property Trust, Inc. within which the transfer is taking place
 - “Shares” - Shares of RREEF Property Trust, Inc.
 - “Prospectus” - The prospectus for RREEF Property Trust, Inc. as filed with the Securities and Exchange Commission, and amended or supplemented from time to time.
- If the transfer is due to death, enclose a copy of the death certificate. If there is an executor of the estate, enclose a copy of the letters of testamentary or court appointment of the executor dated within 90 days of the submission of this form.
- If this account involves a custodian, forward this form to the custodian for its signature with instructions to return it to RREEF Property Trust, Inc. as indicated below.

Notices

- Shares may be transferred only by the record owner in person or by its duly authorized agent or attorney upon completion of all forms obtained from the Company duly executed, delivery of the forms and such other documents as the Company may require, and payment in full for the shares and any applicable transfer tax. The transfer of shares is subject to all the limitations and restrictions contained in the Company’s Charter and Bylaws, as amended, including compliance with applicable state and federal securities and tax laws.
- No transfer or assignment or any shares shall be made if counsel for the Company is of the opinion that such transfer or assignment would be in violation of any state securities or “Blue Sky” laws (including investment suitability standards) applicable to the Company. If this would be the case as a result of this transfer, the Company will return this form and advise you of the reason that the transfer is void.
- The shares are subject to restrictions on Beneficial Ownership, Constructive Ownership and Transfer for the purpose of the Company’s maintenance of its status as a Real Estate Investment Trust under the Internal Revenue Code of 1986, as amended (the “Code”). Subject to certain further restrictions and except as expressly provided in the Company’s charter: (a) no Person may Beneficially Own or Constructively Own shares of the Company’s Common Stock in excess of 9.8% (in value or number of shares) of the outstanding shares of Common Stock of the Company; (b) no Person may Beneficially Own or Constructively Own shares of the Company’s Preferred Stock in excess of 9.8% of the value or the total outstanding shares of Preferred Stock of the Company; (c) no Person may Beneficially Own or Constructively Own Equity Shares that would result in the Company being “closely held” under Section 856(h) of the Code or otherwise cause the Company to fail to qualify as a REIT; (d) other than as provided in the Company’s charter, no Person may Transfer Equity Shares if such Transfer would result in the Equity Shares of the Company being owned by fewer than 100 persons; and (e) no Person shall Transfer Equity Shares if such Transfer would (i) cause the Company to own an interest in a tenant or the Operating Partnership’s real property that is described in Section 856(d)(2)(B) of the Code and (ii) cause the Company to fail to satisfy any of the gross income requirements of Section 856(c) of the Code. Any Person who Beneficially owns or Constructively Owns or attempts to Beneficially Own or Constructively Own Equity Shares which causes or will cause a Person to Beneficially Own or Constructively Own Equity Shares in excess or in violation of the above limitations must immediately notify the Company. In addition, upon the occurrence of certain events, attempted Transfers in violation of the restrictions described above may be void. All capitalized terms in this paragraph have meanings defined in the Charter of the Company, as the same may be amended from time to time, a copy of which, including the restrictions on Transfer and ownership, will be furnished to each holder or prospective holder of Equity Shares of the Company on request and without charge.
- The interest being acquired by the Transferee and retained by the Transferor, if any, must be at least the minimum number of Common Stock required under “Investor Suitability Standards” in the Prospectus unless such transfer is made by gift, inheritance, intra-family transfer, family dissolution, operation of law, or to affiliates.
- A transfer of shares will terminate Transferor’s participation in the Company’s Distribution Reinvestment Plan with respect to such transferred Shares as of the date the transfer is accepted by the Company.

Transferee Suitability Requirements

By signing this form, Transferee(s) acknowledges and/or represents (or in the case of fiduciary accounts, the person authorized to sign on my/our behalf) the following:

- I have received the Prospectus relating to the shares, wherein the terms and conditions of the offering of the shares are described.
- I (we) either: (i) have a net worth (excluding home, home furnishings and automobiles) of at least \$70,000 and had during the last year or estimate that I (we) will have in the current year gross income of at least \$70,000; or (ii) have a net worth (excluding home, home furnishings and automobiles) of at least \$250,000, or that I (we) meet the specific requirements of my (our) state of residence as set forth in the Prospectus under “Investor Suitability Standards.”
- I am (we are) transferring the shares into my (our) own account, or if I am (we are) transferring shares on behalf of a trust or other entity of which I am (we are) trustee(s) or authorized agent(s), I (we) have due authority to execute the Application for Transfer/Signature Page and do hereby legally bind the trust or other entity of which I am (we are) trustee(s) or authorized agent(s).
- I (we) acknowledge that the shares are not liquid.

* Not applicable if transfer is due to death

Distribution Reinvestment Program Enrollment Agreement

By selecting to participate in the Distribution Reinvestment Plan for the respective shares being transferred AND by signing this form, Transferee acknowledges and/or represents (or in the case of fiduciary accounts, the person authorized to sign on my behalf) the following:

- That I am a (we are) current stockholder(s) of RREEF Property Trust, Inc. who received shares through a transfer into RREEF Property Trust, Inc.’s publicly registered offering.
 - That I (we) received a Prospectus in connection with my (our) receipt of shares through a transfer.
 - I (we) continue to meet the Suitability Standards described in the Prospectus.
 - That I (we) acknowledge that I (we) are requested to promptly notify RREEF Property Trust, Inc. in writing if at any time during which I am (we are) participating in the Distribution Reinvestment Plan I (we) experience a material change in my (our) financial condition, including the failure to meet the suitability requirements for making an investment in RREEF Property Trust, Inc. or cannot make the other representations or warranties set forth in my (our) original transfer form.
-

STOP! Please take note of the below instructions.

For all accounts that have elected to use a third party custodian: Your Broker-Dealer or Registered Investment Advisor MUST send the Subscription Agreement directly to the custodian for signature and processing, not to us.

For all other accounts: The Subscription Agreement should be delivered or mailed by your Broker-Dealer or Registered Investment Advisor, as applicable, to:

Regular Mail

Investment Processing Department
c/o DST Systems, Inc.
P.O. Box 219985
Kansas City, MO 64121-9985
Investors: (855) 285-0508
Financial Advisors: (800) 621-1148

Overnight Mail

Investment Processing Department
c/o DST Systems, Inc.
430 W. 7th Street Suite 219985
Kansas City, MO 64105
Investors: (855) 285-0508
Financial Advisors: (800) 621-1148

The brand DWS represents DWS Group GmbH & Co. KGaA and any of its subsidiaries such as DWS Distributors, Inc. which offers investment products or DWS Investment Management Americas, Inc. and RREEF America L.L.C. which offer advisory services.

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222 South Riverside Plaza Chicago, IL 60606-5808
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Tel (800) 621-1148