

RREEF Property Trust—Redemption Request Form

RREEF Property Trust, Inc. (the "Company") Account Registration Name:	
Tax ID or SSN:	_ Acct #
Note: Use this form to request redemption of your sharp and required documentation, as applicable, must be rethe second to last business day of the applicable month to the Company's Redemption Plan, which is described from time to time. Shares redeemed each month, if any Redemption Price shown on the Company's website at SEC filings. The Redemption Price may be different that redeemed on the date the redemption is executed. The made within three business days after execution and we	ceived in good order by 4:00 p.m. Eastern time on h. All share redemptions will be made pursuant d in the Company's prospectus, as supplemented y, will be redeemed at the end of such month at the twww.rreefpropertytrust.com and in the Company's in the NAV per share for the share class being payment of redemption proceeds will generally be
1. Redemption Amount (Check one, required)	
☐ Please redeem all shares in my account.	
□ Please redeem	shares.
$\hfill \square$ Please redeem the number of shares necessary to n	et redemption proceeds of \$
2. Redemption Type (Check one, required)	
Note: the request will default to a normal redemption is	f no selection is made.
□ Normal	
$\hfill\Box$ Death (please call 855-285-0508 for information reg	arding additional documents required)
☐ Disability (please call 855-285-0508 for information	regarding additional documents required)
*Please note that, in order to be eligible for any short-term tradi in its sole discretion, with respect to a redemption request due to 12 months after the death of the stockholder, as indicated on the stockholder's disability, as indicated on the required documentation.	to death or disability, the request must be submitted within the death certificate, or the initial determination of the
3. Option for the remittance of your redemption*	
 It is my (our) desire to have payment remitted to my additional liting it is my (our) desire to have payment remitted direct distribution instructions on record. It is my (our) desire to have payment remitted to the Plans without the custodian's approval). 	ly to my bank account via ACH, according to my
☐ It is my (our) desire to have payment remitted to the fol for Qualified Plans without the custodian's approval) (lowing third party bank account via ACH (not available (Please attach a voided check for verification):
Bank Name:Accou	unt Number:
Routing Number:	

A separate form is required for each account for which a redemption is being requested. Additional documents and/or paperwork may be required.



4. Cost basis election (optional)

On October 3, 2008, the Emergency Economic Stabilization Act, HR1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring REITs to provide cost basis reporting to their shareholders.

The Company has elected to default, for purposes of these cost basis accounting rules, to a first-in/first-out (FIFO) basis as applicable under these new rules. Unless the shareholder elects to choose an alternative method, the Company will default calculations based on a first-in/first-out (FIFO) basis. Shareholders wishing to elect an approved alternate cost basis method may contact 855.285.0508 (select option 3).

5. Signature execution

A medallion signature guarantee is required if:

- Your custodian requires it
- You wish to have redemption proceeds sent to an address or account that has not been on file for at least 30 days
- Our transfer agent cannot confirm your identity or suspects fraudulent activity

IF THIS IS AS CUSTODIAL HELD OR A QUALIFIED ACCOUNT, THE CUSTODIAN MUST SIGN THIS DOCUMENT (SEE BELOW).

	Medallion Signature Guarantee*:
Investor Name (please print)	
Investor Signature	
Date	
	Medallion Signature Guarantee*:
Investor Name (please print)	
Investor Signature	
Date	
If this is a custodial-held account, the custodian MUST sign belonger	ow.
Custodian (if custodial or qualified account)	
Custodian Signature	
Date	

*A medallion signature guarantee is a special signature guarantee for the transfer of securities. It is a guarantee which can by obtained from the transferring financial institution (bank, credit union or savings and loan association) that the signature is genuine. A medallion signature guarantee is not the same as an acknowledgment by a notary public.

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.



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 SS&C Technologies, 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 SS&C Technologies, Inc. 430 W. 7th Street, Suite 219985 Kansas City, MO 64105 Investors: (855) 285-0508 Financial Advisors: (800) 621-1148

Fax (if a medallion signature is not required):

(844) 616-8637

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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