



Direct Deposit Form For Cash Distributions

To enroll in the electronic direct deposit of future cash distributions paid on common shares of CENTERSPACE ("Shares") or limited partnership units of CENTERSPACE Properties ("Units") registered in your name ("Direct Deposit"), please complete and sign this form and return it along with the requested documentation to the American Stock Transfer & Trust Company, LLC ("AST") as instructed below. The form and requested documentation must be received at least 10 business days before a scheduled payment date of a cash distribution in order to be processed in time for such payment date. There is no cost to you for this service.

Authorization for Direct Deposit of Cash Distributions:

I (we) authorize CENTERSPACE to initiate variable deposit entries to my (our) checking or savings account identified below with the U.S. financial institution identified below to deposit future cash distributions paid on my (our) Shares or Units registered in the CENTERSPACE Account identified below on the payment date of future CENTERSPACE cash distributions. If the payment date falls on a weekend or holiday, the deposit will occur on the following business day.

Name _____ Telephone No. _____
CENTERSPACE Account Number _____ Account Name _____
Street or P.O. Box Address _____ City, State, Zip _____

Type of Account: Checking (*enclose a voided check for verification*)
 Savings (*enclose a deposit slip that shows your complete account no. for verification*)

Name Registered on the Account: _____

Financial Institution: _____

Financial Institution's City, State and Zip: _____

Financial Institution Branch's Phone Number: _____

Transit/ABA Routing #: _____

Account #: _____

I (we) understand that I (we) have the right to terminate this Direct Deposit Authorization at any time by written instructions from me (us) or by enrolling in CENTERSPACE's Distribution Reinvestment and Share Purchase Plan and electing full distribution reinvestment. *All parties named in the CENTERSPACE Account registration form must sign this form. If the CENTERSPACE Account is a custodial account, the custodian must sign this form.*

Signature(s):

X _____ Date: _____

Printed Name: _____

X _____ Date: _____

Printed Name: _____

If you need assistance in completing this form, please contact either:
AST at 1-888-200-3167 or CENTERSPACE, Shareholder Relations at 701-837-7118

When completed and signed, mail this form along with one (1) of the following required for processing: copy of voided check, savings deposit slip, statement showing account details but not balances or official Direct Deposit Authorization form from the bank showing account number & name to: **American Stock Transfer and Trust Company, LLC ATTN: CENTERSPACE 6201 15th Avenue Brooklyn, NY 11219**

