

This Transfer Form may be used by any current investor in Broadstone Real Estate Access Fund (the "Fund") to transfer shares to a new Registration.

SECTION 1: Transferor (Seller) Information

Account Title	Account Number
Social Security Number or Tax ID Number	Date of Birth (MM/DD/YY)
Mailing Address	City, State, Zip Code
Phone Number	Email Address

SECTION 2: Share Transfer

Number of shares subject to this transfer:

All Shares Partial transfer of _____ shares

Reason for Transfer* (choose one):

Re-registration (name change, divorce, individual to joint, trust, etc.)

Death, date of death: _____

Gift, date of gift: _____

Sale (\$_____ per share)

Other (provide details): _____

***Some transfers will require additional documentation.**

SECTION 3: Transferee (or Buyer's Information)

If your transfer is to an existing account, please provide account number _____, and skip to Section 8 to sign. If your transfer is to a new account, please continue to complete applicable sections below.

A. Individual/Joint

Individual owner/beneficial owner	Social Security Number or Tax ID Number	Date of Birth (MM/DD/YY)
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Joint owner/beneficial owner	Social Security Number or Tax ID Number	Date of Birth (MM/DD/YY)
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Address of Residence – P.O. box not accepted	City, State Zip Code
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Mailing Address – If different from above (P.O. Boxes accepted)	City, State, Zip Code
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Phone Number	Email
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Citizenship (check one): U.S. Citizen or Resident Alien Other (please specify) _____

B. Trust/Corp/Partnership/Other

Name of Trust/Corp/Partnership/Other

Social Security Number or Tax ID Number

Date of Trust or Formation

Address of Residence – P.O. box not accepted

City, State Zip Code

Mailing Address – If different from above (P.O. Boxes accepted)

City, State, Zip Code

Phone Number

Email

Trustee(s)/Authorized Person(s)

Social Security Number or Tax ID Number

Date of Birth (MM/DD/YY)

Trustee(s)/Authorized Person(s)

Social Security Number or Tax ID Number

Date of Birth (MM/DD/YY)

SECTION 4: Custodian Information

All Qualified Accounts will require a custodian. Please list the custodian's information below. Please note custodians may require additional account opening documentation.

Custodian Name

Investor's Account Number with Custodian

Custodian Address

City, State, Zip Code

Custodian Phone

Custodian Tax ID

Qualified Account Type:

Traditional IRA Roth IRA SEP IRA Simple IRA Rollover IRA Other (please specify): _____

SECTION 5: Dividend Options

Please select one option for payment of dividends and capital gains. If no option is selected, all dividends and capital gains will be reinvested in shares of the Fund.

Enroll in the Dividend Reinvestment Plan

Mail check to the address of record

Cash dividend to my custodian account in which the shares are held

Electronically deposit to bank account using the following bank instructions:

Account type: Checking Savings

Name on Bank Account

Bank Name

ABA Routing Number (First 9 digits at the bottom of the check)

Bank Account Number (Second set of numbers at the bottom of the check)

SECTION 6: New Broker-Dealer and/or Registered Representative Information for Transferee

Dealer/RIA Firm Name

Broker/Advisor Name

Broker/Advisor ID Number

Mailing Address

City, State, Zip Code

Branch Number

Email Address

Phone Number

SECTION 7: Authorization and signature(s) of Transferor(s)

The Transferor(s) acknowledges his or her agreement to the transfer of Shares. The Transferor(s) further agrees that none of the Fund, its board of trustees, or any of their respective affiliates shall be responsible for any loss incurred as a result of such transfer. The Transferor(s) has received no representations or warranties from the Fund, its board of trustees or any of their respective affiliates.

All registered account owners are required to sign and a Medallion Signature Guarantee is required. Custodial accounts require a Medallion Signature Guarantee or approval from the custodian.

Transferor's Signature:

Co-Transferor or Custodian's Signature:

Signature

Date

Signature

Date

Medallion Signature Guarantee (REQUIRED)

Medallion Signature Guarantee (REQUIRED)

SECTION 8: Authorization and signature(s) of Transferee(s)

Substitute IRS Form W-9 Certification:

I (We) declare that the information supplied in this Transfer Form is true and correct and may be relied upon by the Fund in connection with my (our) investment in the Fund. Under penalties of perjury, each investor signing below certifies (i) that the number shown in the investor Social Security number/taxpayer identification number field in section 3 of this Transfer Form is my correct Social Security number or taxpayer identification number, as applicable (or I am waiting for a number to be issued to me); (ii) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or distributions, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (iii) I am a U.S. person (including a non-resident alien).

The Fund is required by law to obtain, verify and record certain personal information from the Transferee(s) or persons on the Transferee's behalf in order to establish the Transferee's account. Required information includes the transferee's name, date of birth, permanent residential address and social Security number/taxpayer identification number. The Fund may also ask the Transferee(s) to provide other identifying documents. If the transferee does not provide the requested information, the Fund may not be able to open the Transferee's account. The Transferee(s) agrees to provide this information and confirm that this information is true and correct. By signing this Transfer Form, the Transferee(s) further agrees that the Fund may discuss the Transferee's personal information and the Transferee's investment in the Shares at any time with the Transferee's then-current financial advisor. If the Fund is unable to verify the Transferee's identity, or that of another person(s) authorized to act on the Transferee's behalf, or if the Fund believes that it has identified potentially criminal activity, the Fund reserves the right to take action as it deems appropriate, which may include closing the Transferee's account.

My (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I(We) acknowledge that the information and distributions made and/or sent prior to the date that this Transfer Form becomes effective (generally up to 3 days after receipt of this properly completed transfer form) will be made in the manner previously provided for and arranged. This transfer Form supersedes all prior instructions regarding the subject matter hereof.

The IRS does not require your consent to any provisions of this Transfer Form other than the certifications required to avoid backup withholding.

All Registered Account Owners are Required to Sign. Custodial Accounts Require a Medallion Signature Guarantee or Approval from the Custodian.

Transferee's Signature:

Co-Transferee or Custodian's Signature:

Signature Date

Signature Date

**Medallion Signature Guarantee
(Required for transfers of Custodian accounts)**

Please mail completed form to:

Mailing Address
Broadstone Real Estate Access Fund
c/o DST Systems, Inc.
PO Box 219597
Kansas City, MO 64121

Overnight Address
Broadstone Real Estate Access Fund
c/o DST Systems, Inc.
STE 219597
430 W. 7th St.
Kansas City, MO 64105

If you have any questions, please contact an Investor Service Representative at 1-833-276-2766. The Fund is distributed by ALPS Distributors, Inc.