

## NNN REIT, Inc. Shareholder Request Form

If you need assistance, please call Equiniti Trust Company, LLC at the number listed below. Return the completed form to:

Equiniti Trust Company, LLC 55 Challenger Road, Floor 2 Ridgefield Park, NJ 07660

Toll Free 1-866-627-2644

Magenela Fant, Ny 07000	
Please complete all sections that apply: Make initial investment: 1, 2, 3 & 5 Purchase additional shares: 3, 5 Enroll/change participations: 3, 5	Current Shareholders:
	I am already a shareholder of record.
	My account number is #
Certify tax ID number: 2 Direct deposit/Draft bank account: 4, 5 Change address: 1, 5	Please take the action requested in any and all completed sections below.
1. Initial Investment (or Address Change)	
investment of \$ (\$100 min.	investment and Stock Purchase Plan (the "Plan") by enclosing an initial cash ./\$10,000 max.). Enclosed is my check/money order made payable to Equiniti Trust that I reside in one of the 50 states of the United States or the District of Columbia.
Name(s) on Registration (Please Print)	Address: (Or Address Change)
	(Street Name & Number)
	(City, State, Zip)
	(Daytime Phone Number)
Type of Account: Please check one box an	nd provide all requested information
	oresumed to be joint tenants (with right of survivorship) and not as Tenants
	r of the account with one adult custodian managing the account until the minor ransfer/Gifts to Minors Act in the minor's state of residence. The minor's social
☐ <b>TRUST</b> – An account is established in accorda and last pages of trust agreement, which includes	nnce with the provisions of a trust agreement. Please include a copy of the first ude name of trust, trustees, and date.
	ity – A corporate resolution or agreement naming an authorized person to act n initial enrollment and for any future transactions.
2. Substitute Form W-9	
Under penalty of perjury, I certify that:	
1. The number shown on this form is my correct	taxpayer identification number (or I am waiting for a number to be issued to me); and
	ise: (a) I am exempt from backup withholding, or (b) I have not been notified by the backup withholding as a result of a failure to report all interest or dividends, or (c) the ct to backup withholding; and
3. I am a U.S. person (including a U.S resident ali	en).
Name (Please Print)	Social Security # or Employer Identification #
Signature	

3. Dividend Reinvestment Participation Social Security # or Taxpayer ID	Optional Cash Investment – No two-party checks accepted
,	\$ (\$100 minimum - \$10,000 maximum)
Method of Participation:	Partial Withdrawal:
☐ Full Dividend Reinvestment, Reinvest ALL shares	☐ Issue a stock certificate for whole shares
☐ Partial Dividend Reinvestment, Receive <b>CASH</b> on whole	Sell shares from my account
shares and reinvest all remaining shares	Complete Termination From the Plan:
☐ No Dividend Reinvestment, Receive <b>CASH</b> for all shares	<ul> <li>Issue a stock certificate for my full shares and a check for the fractional share</li> </ul>
	☐ Sell all of my shares, full and fractional
Other:	
$\ \square$ Issue a stock certificate for my full shares and a check for th	ne fractional share
☐ Deposit enclosed certificate(s) in my Plan account (suggest	certified or registered mail)
4. Electronic Funds Transfer (You may select one or both	h)
Direct Deposit:	Monthly Bank Draft:
Deposit my dividends to my bank account by electronic transfer (in lieu of receiving a dividend check).	Draft my bank account each month for investment in Plan Shares. (Deductions to be on or about the 10th of each month.) Amount (\$100 minimum - \$10,000 maximum)
Type of Account:	/erify ABA# with your bank.)
Name(s) on Bank Account (Please Print)	Bank Account Number
Traine(e) on Barris (Crease Trine)	
Bank Contact – Telephone Number	ABA Routing Number
Please enclose a copy of a voided check or savings deposit s	slip to verify banking information.
or savings account indicated and/or to make automatic monthly	nt"), to make automatic electronic deposits of dividends to the checking y transfers of funds from said account, in the amount stated, which ck for deposit into my (our) Dividend Reinvestment and Stock Purchase
I (We) also authorize the Agent to make debit or credit entries, authorize the financial institution above, to credit and/or debit	if necessary, for any amounts credited or debited in error. I (We) also the same to such account.
This authority is to remain in full force and effect until the Age such time and in such a manner as to afford the Agent a reason	nt has received written notification from me (us) of its termination in nable opportunity to act.
5. Signatures	
Dividend Reinvestment Participation, that I request enrollment NNN REIT, Inc. Dividend Reinvestment and Stock Purchase Plan Plan. I hereby appoint Equiniti Trust Company, LLC (the "Agent	also realize that by filling out section (1) Initial Investment, and (3) t in the Plan, certify that I have read the Plan Prospectus describing the n (the "Plan"), and agree to abide by the terms and conditions of the ") to apply dividends as I may instruct and any cash investments I may ck under the Plan. I understand that I may revoke this authorization at s must sign and date on the lines provided below.
Signature	Date
Signature	Date