

Please complete this form to request a one-time redemption of all or a portion of your shares held in Lightstone's Real Estate Investment Trust programs. A request for redemption and completion of this form does not guarantee that the shares will be redeemed.

Redemption requests are processed quarterly. A completed form must be received by our transfer agent in good order with all medallion signature guarantees by the last day of the processing quarter for requests to be acceptable and considered. Redemption requests will be processed based on the terms outlined in the applicable Company's then current share redemption program. For details please refer to the Company documents or contact the Lightstone Shareholder Services department at 888-808-7348.

Please indicate the program from which a redemption is requested (Select only one. A separate form is required for each account for which redemption is being requested):

- Lightstone Value Plus REIT , Inc. Lightstone Value Plus REIT III, Inc. Lightstone Value Plus REIT V, Inc.
 Lightstone Value Plus REIT II, Inc. Lightstone Real Estate Income Trust Inc.

1. ACCOUNT INFORMATION: Please complete Item A and, if applicable, Item B.

A. INVESTOR OR BENEFICIAL OWNER OF AN IRA OR OTHER QUALIFIED PLAN (Complete for all requests.)

Account #: _____ Tax ID/SS #: _____

Name of Investor/Trustee/Beneficial owner: _____

Mailing Address: _____

City: _____ State/Territory: _____ ZIP Code: _____

Daytime Phone: _____ Email Address: _____

B. JOINT INVESTOR/TRUSTEE, CUSTODIAN OR DECEASED INVESTOR REPRESENTATIVE (Complete only if applicable.)

Name of Joint Owner/ Co-Trustee,
Custodian, Executor, etc.: _____ Role/Title: _____

Mailing Address: _____

Daytime Phone: _____ E-mail Address _____

2. REDEMPTION AMOUNT (Select only one)

(Refer to the applicable Company's share redemption program or contact us for the current Share Repurchase price)

Full Redemption. Select to redeem ALL shares in the specified account at the applicable redemption price under the Company's share redemption program

Partial Redemption. (Complete A or B below)

A. Please redeem \$ _____ of the Investor's shares of your Company at the Applicable Redemption Price.

OR

B. Please redeem _____ [number or shares] of the Investor's shares of your Company at the Applicable Redemption Price.

The minimum number of shares that must be presented for redemption must be at least 25% of the holder's commons shares. For all Companies other than Lightstone Value Plus REIT V, if the redemption is being requested (1) on behalf of a deceased stockholder or by a stockholder with a qualifying disability or who is confined to a long-term care facility and the request is made within the required timeframe of date of death or disability, or (2) by an Investor due to other exigent circumstances, such as bankruptcy or a mandatory distribution requirement under such stockholder's IRA, a minimum of 10% of the holder's shares may be presented for redemption; provided, however, that any future redemption request by the Investor must present for redemption at least 25% of the Investor's remaining shares.

We will treat a redemption request that would cause an account to hold less than 200 shares as a request to redeem all of the shares, and the Company will vary from pro rata treatment of redemptions as necessary to avoid having accounts holding less than 200 shares.

3. REDEMPTION TYPE *(Select only one)*

Please indicate the type of Redemption being requested. Redemptions may be subject to certain priority groups. Please refer to your Company’s Share Redemption Program for details regarding priority redemptions.

- Death Disability or Long Term Care Exigent Financial Circumstances (e.g., Bankruptcy) RMD requirement
- Other *(attach additional paper if needed)* _____

If priority request, provide the date of qualifying event: _____

Evidence acceptable to the Company supporting a priority request must be enclosed with this form (i.e., original or certified copy of death certificate, admittance to long term care facility). For Death requests, also include document to support that the person requesting the redemption is authorized to do so (i.e., Letter Testamentary) and completed W-9 if redemption is to be processed under a new tax ID.

If treatment of priority redemption is not granted, the request will be treated as an ordinary redemption.

4. IN THE EVENT OF PRO RATA REDEMPTION

The Share Redemption program is subject to certain limitations and may require that we reject your request or redeem your shares on a pro rata basis. For details regarding these limitations, refer to your Company’s Share Redemption Program.

- Check here to cancel your full redemption request in the event that your request is not honored in full
- Check here to have any portion of a redemption request that is not honored rolled to the next quarter in the event your shares are redeemed on a pro rata basis.

5. COST-BASIS METHOD *(Select only one)*

Due to new federal income tax reporting rules, securities acquired on or after January 1, 2011 (including those purchased through our distribution reinvestment plan) are considered “covered securities,” and we are required to report the cost basis of “covered securities” to the IRS and Shareholder when these securities are sold. For information about calculation of cost basis, please consult your tax advisor or attorney prior to completing this form.

Please indicate below the cost basis method to apply to this redemption: *(Select only one- If no option is selected, your cost basis will be calculated using the FIFO method)*

- First In First Out (FIFO) High Cost Last In First Out (LIFO) Low Cost

- Specific Share Identification *(allows you to select the shares from any purchase or reinvested lot that has not previously been sold. Indicate the shares and date of purchase for each lot to be repurchased in this transaction).*

Number of Shares	Date of Purchase

6. PAYMENT INSTRUCTIONS

Redemption proceeds for Custodial or Brokerage Controlled accounts will automatically be issued to the custodian or broker/dealer of record, as applicable.

For Direct held accounts, please select one of the following options *(If no selection is made payment will default to option 1)*

- Mail Check to investor address currently on record
- Issue according to payee instructions currently on file for distributions. (Direct deposit or Third party payee)

7. SIGNATURES

My signature below indicates I have read and understand the description of my Company’s Share Redemption Program and agree to the terms therein and herein. I am aware that the processing of the redemption is subject to all conditions outlined in the current Share Redemption Program.

I understand that since I am leaving the program prematurely, there may be penalties imposed on the redemption dependent upon the length of ownership and/or redemption type, as stated in my Company’s current Share Repurchase Program, and I may not receive the full value of my account.

I understand that I am not eligible to receive distributions with a record date after the redemption trade date, and that my redemption trade date may be prior to the next record date.

If I am requesting redemption of shares in Lightstone Value Plus REIT V, I represent and warrant that I either (1) purchased my shares directly from Lightstone Value Plus REIT V or (2) acquired my shares from the original purchaser by way of a bona fide gift not for value to, or for the benefit of, a member of the original purchaser’s immediate or extended family (including the original purchaser’s spouse, parents, siblings, children or grandchildren and including relatives by marriage) or through a transfer to a custodian, trustee or other fiduciary for the account of the original purchaser or members of the original purchaser’s immediate or extended family in connection with an estate planning transaction, including by bequest or inheritance upon death or operation of law.

Investor/Trustee Signature	Date
Medallion Signature Guarantee	

Joint Investor/Co-Trustee Signature <i>(if applicable)</i>	Date
Medallion Signature Guarantee	

Custodian Signature <i>(if applicable)</i>	Date
Medallion Signature Guarantee	

PLEASE MAIL THE COMPLETED FORM INCLUDING ALL SIGNATURES AND MEDALLION GUARANTEES IN ORIGINAL FORM AND ANY REQUIRED SUPPORTING DOCUMENTS TO:

Standard mail: Lightstone Group REIT, c/o DST, P.O. Box 219002, Kansas City, MO 64121-9002
Overnight mail: Lightstone, c/o DST, 430 W. 7th Street, Kansas City, MO 64105
For questions, please call: (888) 808-7348