

# SUBSCRIPTION AGREEMENT

## Regular or Overnight Mail:

First Capital Real Estate Trust Incorporated New Business Team c/o Phoenix American Financial Services • 2401 Kerner Blvd • San Rafael, CA 94901

For additional questions or assistance, please call Client Services at (888) 966-1763, by fax to (415) 485-4553, or by email to FirstCapitalServiceTeam@phxa.com.

1. Investment					
Investment Amount \$ Minimum investment is \$2,500.00				f additional purchase: Account Nun ional Investment is \$100)	nber
William investment is \$2,500.00			(IVIIIIIIIIIIIII Additi	ional investment is \$100)	
Payment Instructions: Please check appropria	te box				
☐ Wire	Bank of the West Trust Incorporated		Phoenix American I ut Creek, CA ABA	Financial Services, Inc. as Trustee fo A # 121100782 Accou	r First Capital Real Estate nt # 026827980
☐ Check	Non-Custodial / Dir	ect		Custodial (Qualified)	
	Please make check Real Estate Trust Inco		rst Capital		to Custodian listed in Section 2.
☐ Pennsylvania Investors only	Pennsylvania Investo "UMB Bank, N.A., F Estate Trust Incorp	Escrow Agent for Fi		Mail all paperwork directly to	Custouian.
Money Orders, Travele	r's Checks, Starter Checks, Fo	reign Checks, Cou	nter Checks, Third	I-Party Checks or Cash cannot be	accepted.
2. Ownership Type (check one box only	)				
Non-Custodial / Direct	,			Custodial (Qualified)	
☐ Individual (If TOD*, complete Section 7)	☐ UGMA/UTMA: State of			☐ IRA: Type	
☐ Individual (IFFOD*, complete Section 7) ☐ Joint Tenant¹ (If TOD*, complete Section 7)				☐ Profit Sharing Plan <sup>2</sup>	
☐ Tenants in Common <sup>1</sup>	<ul> <li>Corporation, Limited Lia or Partnership<sup>2</sup></li> </ul>	ibility Company		☐ Pension Plan²	
	·				
☐ Community Property¹	□ Non-Profit Organization <sup>2</sup>			☐ KEOGH Plan²	
☐ Trust <sup>2,3</sup>	□ Other			☐ Other	
*Transfer on Death					
3. Investor Information (SSN or TIN rec	juired)				
Investor / Trustee / Authorized Signatory Inform	nation			Custodian / Trustee /	Authorized Signatory Informatio
Investor Name	SSN / Tax ID		DOB	Custodian Name	
Co-Investor Name	SSN / Tax ID		DOB	Custodian Address	
				_	
Legal Address (Required by USA Patriot Act)	City	State	Zip Code	City	State Zi
Mailing Address (If different from above)	City	State	Zip Code	- Telephone	
ivialing Address (if different from above)	City	State	Zip Code	тетернопе	
Home Phone	Business Phone			Custodian Tax Identification I	 Number
□ US Citizen □ Resident Alien □ Non-Resid	lent Alien (Must supply the app	oropriate original IR:	S Form W-8)		
☐ Foreign Citizen - Form of identification docum	ent provided	Country of issu	ance	Investor's Account Number	with Custodian
Additional documentation may be required for in	vestments by non-US citizens				
Electronic Delivery Election					
·					
□ I consent to the electronic delivery of docum E-mail address is required. Please carefully rev electronically you are agreeing to these representations.	riew the representations below I				
E-mail Address (Required)		Investor Si	gnature		Date
First Capital Real Estate Trust Incorporated ca	res about our environment	Co-Investo	r Signature		Date

## 3. Investor Information (SSN or TIN required) (continued)

#### By signing and consenting to receive documents electronically, you represent the following:

- A. I acknowledge that access to both Internet e-mail and the World Wide Web is required in order to access documents electronically. I may receive by e-mail notification the availability of a document in electronic format. The notification e-mail will contain a web address (or hyperlink) where the document can be found. By entering this address into my web browser, I can view, download and print the document from my computer. I acknowledge that there may be costs associated with the electronic access, such as usage charges from my Internet provider and telephone provider, and that these costs are my responsibility.
- B. I acknowledge that documents distributed electronically may be provided in Adobe's Portable Document Format (PDF). The Adobe Reader software is required to view documents in PDF format. The Reader software is available free of charge from Adobe's web site at www.adobe.com. The Reader software must be correctly installed on my system before I will be able to view documents in PDF format. Electronic delivery also involves risks related to system or network outage that could impair my timely receipt of or access to shareholder communications.
- C. I acknowledge that I may receive at no cost from First Capital Real Estate Trust Incorporated a paper copy of any documents delivered electronically by calling my financial advisor.
- D. I understand that if the e-mail notification is returned to First Capital Real Estate Trust Incorporated as "undeliverable," a letter will be mailed to me with instructions on how to update my e-mail address to begin receiving communications via electronic delivery. I further understand that if First Capital Real Estate Trust Incorporated is unable to obtain a valid e-mail address for me, First Capital Real Estate Trust Incorporated will resume sending a paper copy of its filings by U.S. mail to my address of record.

E. I understan	d that my consent may be updated or cancel	led, including any updates in e-mail addre	ss to which documents are de	livered, at any time by ca	alling my financial advisor.
4. Distribut	ion Information				
% of Distribution	If you select more than one option you mu	st indicate the percentage of your distribu	ution to be applied to each opti	on and the sum of the al	llocations must equal 100%.
	☐ Distribution Reinvestment Program	(I prefer to participate in the DRIP, as desc	cribed in the prospectus)		
	☐ Mail to Address of Record (Send distr	ibutions via check to investor's mailing ad	dress in Section 3)		
	☐ Mail to Custodian (Send distributions Not available for qualified plans withou		count)		
	☐ Mail to Alternate Payee (Send distribu	tions via check to alternate payee listed h	ere)		
	Name		Account Number		
	Address	City		State	Zip Code
	below. This authority will remain in force	t Capital Real Estate Trust Incorporated or it be until I notify FCRETI in writing to cancel and the amount of the erroneous deposit.	,		
Attach Voided Check		☐ Checking ☐ Savings ☐ Brokerage / Other	Account Name		
Here	Financial Institution Name		ABA / Routing Number		
			Account Number		
5. Subscrib	er Signatures				
representation	tely initial each of the applicable representa s on your behalf: and (or in the case of fiduciary accounts, the pre	·		, ,	,

on the terms and subject to the conditions set forth herein and acknowledges and / or represents the following:

# Sections A-E must be initialed

Initials

Initials

initiais	initiais	ne terms of the charter, as amended, of First Capital Trust Incorporated.	
Initials	Initials	We represent that I/we either: (i) have a net worth of at least \$250,000; or (ii) a minimum annual gross income of \$70,000 and a mi f at least \$70,000.	nimum net worth
Initials	 Initials	We am/are purchasing Common Shares for my/our own account referenced in Section 3 and represent that the Common Shares are	being purchased

I/We have received the final prospectus of First Capital Trust Incorporated at least five days before signing the Subscription Agreement. I/We accept

D) I/We am/are in compliance with the USA PATRIOT Act and not on any governmental authority watch list.

5. Subscriber	Signature	es (cor	tinued)	
 Initials	Initials	E)	I/We acknowledge that there is no public market for the Common Shares purchased and, thus, my/our investment in these Common Shares is not liq	uid
ilitiais	IIIIIIIII	Se	ction F must be initialed if resident is of one of the following states. Please circle state of residence below	
Initials	Initials	F)	Alabama investors only: I / we represent that, in addition to the general suitability standards described above, I / we have a liquid net worth of at least times the amount of my/our investment in this real estate investment program and other similar programs. California and Pennsylvania residents only we represent that, in addition to the general suitability requirements described above, my/our maximum investment in the Common Shares will be lim to 10% of my / our net worth (exclusive of home, home furnishings and automobiles). Iowa residents only: I / we represent that I / we have either (minimum net worth of at least \$250,000, or (b) an annual gross income of at least \$70,000 and a net worth of at least \$70,000. I / we represent that I I / we have either (vital assets minus total liabilities) that is comprised of cash, cash equivalents and readily marketable securities. Kansas investors only: I / we represent my / our aggregate investment in the securities of the issuer and other non-traded real estate investment trusts are limited to not more than 10% of my / our liquid net worth. For these purposes, liquid net worth shall be defined as that portion of total net worth (total assets minus liabilities) that is comprise cash, cash equivalents and readily marketable securities and readily marketable securities and readily marketable securities and readily marketable securities only: I / we represent that I / we have either (a) an entworth of at least \$250,000, or (b) a gross annual income of at least \$70,000 and a net worth of at least \$70,000, with the amount invested in this offer not exceeding 10% of my / our liquid net worth. Maine investors only: I / we represent that, in addition to meeting the general suitability standards described above, my / our maximum investment in this offering and other direct participation programs will not exceed 10% of my / our liquid net worth. The idea of the securities of the securities of the issuer and its affiliates will net exceed 10% of my / our liquid net worth of at l	y: I ditection into the control of t
 Initials	Initials	G)	Pennsylvania investors only: We will not release any Pennsylvania investor proceeds for subscriptions from escrow until we have received aggregate of \$52,250,000 in subscriptions.	ar
parents, gran First Capital Re	dparents, chi al Estate Trus are broker-de	ildren a t Incorp ealers p	or directors of First Capital Real Estate Trust Incorporated, officers or employees of First Capital Advisors LP or their family members (including spous and siblings) or other affiliates, individuals who have had longstanding business or personal relationships with the executive officers or directors or activated or institutional accredited investors as defined in rule 501 (a)(1), (2), (3) or (7) of Regulation D under the securities act of 1933, as amended. articipating in the offering, registered representatives of such broker-dealers, or members of their immediate families. (The dealer manager is on Shares.)	s of
this subscription pecause (a) I am report all interes	agreement is exempt fron t or dividends the box below	s my com backing s, or (c) wand c	AL SECURITY NUMBER CONFIRMATION (required): The investor signing below, under penalties of perjury, certifies: (i) that the number shown rect taxpayer identification / social security number (or I am waiting for a number to be issued to me); (ii) that I am not subject to backup withholding p withholding, (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure the IRS has notified me that I am no longer subject to backup withholding; and (iii) I am a U.S. citizen unless otherwise indicated in Section 3. NO coss out (ii) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all internal process.	ding e to DTE
☐ Check here if	you are subj	ject to	backup withholding.	
The Internal Rev	enue Service	does i	ot require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
nvestor Signat	ure		Date	
Co-Investor Sig	nature		Date	
Signature of Cu	stodian or Tr	ustee (	f applicable). Current Custodian must sign if investment is for an IRA Account.	
Authorized Signa	ture (Custod	lian or T	ustee) Date	_
We intend to as	sert the fore	egoing	representations as a defense in any subsequent litigation where such assertion would be relevant. We have the right to accept or reject t	this

We intend to assert the foregoing representations as a defense in any subsequent litigation where such assertion would be relevant. We have the right to accept or reject this subscription in whole or in part, so long as such partial acceptance or rejection does not result in an investment of less than the minimum amount specified in the prospectus. As used above, the singular includes the plural in all respects if Common Shares are being acquired by more than one person. This Subscription Agreement and all rights hereunder shall be governed by, and interpreted in accordance with, the laws of the State of New York without giving effect to the principles of conflict of laws.

By executing this Subscription Agreement, the subscriber is not waiving any rights under federal or state law. **Investors will receive confirmations of their purchases upon acceptance of their subscriptions.** 

# 6. Broker-Dealer / Financial Advisor Information

The broker-dealer or financial advisor must sign below to complete order. The broker-dealer or financial advisor hereby represents and warrants that he/she is a duly licensed broker-dealer or financial advisor and may lawfully sell Common Shares of First Capital Trust Incorporated in the state designated as the investor's address or the state in which the sale is to be made, if different. The broker-dealer or financial advisor warrants that he or she has (a) reasonable grounds to believe this investment is suitable for the investor as required by FINRA Rule 2310, (b) informed the investor of all aspects of liquidity and marketability of this investment as required by FINRA Rule 2310, (c) delivered the prospectus to the investor the requisite number of days prior to the date that the investor will deliver this Subscription Agreement to the issuer as specified under the laws of the investor's state of residence, (d) verified the identity of the investor through appropriate methods and will retain proof of such verification process as required by applicable law, and (e) verified that the investor and the registered owner do not appear on the Office of Foreign Assets Control list of foreign nations, organizations and individuals subject to economic and trade sanctions. The undersigned further represents and certifies that in connection with this subscription for Common Shares, he/she has complied with and has followed all applicable policies and procedures under his/her firm's existing Anti-Money Laundering Program and Customer Identification Program.

Broker-Dealer / Financial Advisor Name			
Representative Name	Representative	Number	Branch ID
Representative Company Name	Address		
City	State		Zip Code
Telephone	Fax		E-mail
Broker-Dealer / Financial Advisor CRD Number			
REGISTERED INVESTMENT ADVISOR (RIA): All sa (i) the RIA in its capacity as a registered representati applicable, an unaffiliated broker-dealer.			_
RIA Submission. Check this box if submission is advisory and related brokerage services, and if su If an owner or principal or any member of the RI broker-dealer, not through the RIA.	ubmission is made not in the RIA's capacity as	s a registered representative of a broker-dealer, i	f applicable, but in its capacity as the RIA
the first box in Section 5 above; or (3) in the sole disc	cretion of the Dealer Manager of this Offering	g, if the sale of Common Shares pursuant to thi	
the first box in Section 5 above; or (3) in the sole discategories of person who have checked the second	cretion of the Dealer Manager of this Offering	g, if the sale of Common Shares pursuant to thi	s Subscription Agreement is to any of th
the first box in Section 5 above; or (3) in the sole discategories of person who have checked the second	cretion of the Dealer Manager of this Offering box in Section 5 above, I WILL NOT RECEIVE Date	g, if the sale of Common Shares pursuant to thi A SALES COMMISSION.	s Subscription Agreement is to any of th
the first box in Section 5 above; or (3) in the sole discategories of person who have checked the second  Financial Advisor and/or RIA Signature  7. Transfer on Death Beneficiary Information  Please carefully review the limitations in the accompany.	cretion of the Dealer Manager of this Offering box in Section 5 above, I WILL NOT RECEIVE  Date  Date  anying Investor Instructions Section 7 before of	g, if the sale of Common Shares pursuant to thi A SALES COMMISSION.  Branch Manager Signatur	s Subscription Agreement is to any of the
the first box in Section 5 above; or (3) in the sole discategories of person who have checked the second  Financial Advisor and/or RIA Signature  7. Transfer on Death Beneficiary Information  Please carefully review the limitations in the accompanies are provided by the second seco	cretion of the Dealer Manager of this Offering box in Section 5 above, I WILL NOT RECEIVE  Date  Date  anying Investor Instructions Section 7 before of	g, if the sale of Common Shares pursuant to thi A SALES COMMISSION.  Branch Manager Signatur	e Date  Account with rights of survivorship only Primary Secondary
the first box in Section 5 above; or (3) in the sole discategories of person who have checked the second.  Financial Advisor and/or RIA Signature  7. Transfer on Death Beneficiary Information Please carefully review the limitations in the accompanies are provided by the percentage.  Beneficiary Date of Birth required. Whole percentage.	cretion of the Dealer Manager of this Offering box in Section 5 above, I WILL NOT RECEIVE Date  Date  anying Investor Instructions Section 7 before a ses only; must equal 100%.	g, if the sale of Common Shares pursuant to this A SALES COMMISSION.  Branch Manager Signature  designating TOD beneficiaries. Individual or Joint	Date  Date  Date  Primary  Primary  Primary  Primary  Primary  Secondary
the first box in Section 5 above; or (3) in the sole discategories of person who have checked the second.  Financial Advisor and/or RIA Signature  7. Transfer on Death Beneficiary Information Please carefully review the limitations in the accompagement of Birth required. Whole percentage  Name  Name	Date  Date  Date  Don  anying Investor Instructions Section 7 before ones only; must equal 100%.	g, if the sale of Common Shares pursuant to this A SALES COMMISSION.  Branch Manager Signature  designating TOD beneficiaries. Individual or Joint  SSN /Tax ID	Date  Date  Date  Date  Date  Date  Date  Primary  Primary  Secondary  Primary  Primary  Secondary  Primary  Secondary
I acknowledge that: (1) by checking the above box; of the first box in Section 5 above; or (3) in the sole districted and the second section of person who have checked the second section.  Financial Advisor and/or RIA Signature  7. Transfer on Death Beneficiary Information of the accompanies of Birth required. Whole percentage the person of Birth required. Whole percentage the person of Birth required and the percentage of Birth required and the Birth required and the Birth required and	Date  Date  Date  Don  anying Investor Instructions Section 7 before a ses only; must equal 100%.	g, if the sale of Common Shares pursuant to this A SALES COMMISSION.  Branch Manager Signature  designating TOD beneficiaries. Individual or Joint  SSN /Tax ID  SSN /Tax ID	Date  Date  Date  Date  Primary Secondary Primary Secondary Primary Primary Primary Primary Primary Primary Primary Primary Primary

PLEASE NOTE: Our office must receive the subscription agreement and original signatures where required to process your investment. First Capital Real Estate Trust Incorporated New Business Team c/o Phoenix American Financial Services • 2401 Kerner Blvd • San Rafael, CA 94901 1-888-966-1763 • Fax: 1-415-485-4553 • Email: FirstCapitalServiceTeam@phxa.com