

SUBSCRIPTION AGREEMENT

THIS SUBSCRIPTION AGREEMENT is made and entered into between Resource Real Estate Opportunity REIT, Inc., a Maryland corporation (the "Company") and the investor(s) whose signature appears below (collectively or individually, the "Investor"). All information required by the Subscription Agreement will remain confidential. The Investor will not be admitted as a stockholder until this Subscription Agreement has been accepted by the Company, which will be evidenced by the Company sending a confirmation of its acceptance. The Company may reject any subscription, in whole or in part, in its sole discretion. **If you would like to participate in our Automatic Investment Program, please complete the attached enrollment form.¹**

This Subscription Agreement may also be used by any current investor in the Company who desires to purchase additional shares of the Company's common stock and who purchased his or her shares directly from the Company. **For additional investments, please complete Sections 1, 3, 5 and 6 of this Subscription Agreement.** The Company will pay distributions per your existing instructions. To make changes to your distribution payments, please complete the Account Update Form. Investors who did not acquire shares directly from the Company (e.g., who acquired shares through a transfer of ownership or transfer on death) and who wish to make additional investments must complete all Sections of this Subscription Agreement. Additional investments must be for at least \$100.

For payment instructions, please see "Notice to Broker-Dealer/RIA" in Section 6 of this Subscription Agreement.

1. INVESTMENT INFORMATION

State of Sale:

NAV Purchase @ \$ per share

Investment Type:

- ☐ Initial Investment (Minimum Subscription: 250 shares (\$2,500))
- ☐ Additional Investment (please complete the information below regarding the previous investment)

Amount of previous investment no. 1:

Date:

Investment name:

SSN/Tax ID:

Amount of previous investment no. 2:

Date:

Investment name:

SSN/Tax ID:

Amount of Subscription: \$

Number of Shares of Common Stock:

2. INVESTMENT TYPE (CHECK ONE)

Non-Qualified-

- ☐ Tenants-in-Common⁽¹⁾
- ☐ Joint Tenants with Right of Survivorship⁽¹⁾
- ☐ Individual
- ☐ Trust⁽²⁾
- ☐ Partnership⁽²⁾
- ☐ Uniform Gift to Minors Act: State of
- ☐ Uniform Transfer to Minors Act: State of

Qualified*-

- ☐ Traditional (Individual) IRA
- ☐ Simple IRA
- ☐ SEP IRA
- ☐ ROTH IRA
- ☐ Beneficial as Beneficiary for:

- ☐ C Corporation⁽²⁾
- ☐ S Corporation⁽²⁾
- ☐ Community Property⁽¹⁾
- ☐ Limited Liability Company⁽²⁾
- ☐ Other:

- ☐ Pension or Profit Sharing Plan⁽²⁾
- ☐ KEOGH Plan⁽²⁾
- ☐ Other:

¹ Ohio and Alabama residents are not eligible to participate in the Automatic Investment Program.

2. INVESTMENT TYPE (continued)

Custodian/Trustee Information – To be completed by custodian (if applicable)

Name of Custodian:	<input type="text"/>
Address:	<input type="text"/>
City, State, ZIP:	<input type="text"/>
Telephone:	<input type="text"/> — <input type="text"/> — <input type="text"/>
Custodian Tax ID #:	<input type="text"/>
Custodian Account #:	<input type="text"/>

* See "ERISA Considerations" in the Final Prospectus for a discussion of risks related to an investment in shares by certain tax-exempt or tax-deferred plans.

(1) **All parties must sign.**

(2) **Enclose supporting documents (see notes below).**

NOTE TO CORPORATIONS:

Please attach a copy of the corporate resolution to purchase shares in the Company and articles of incorporation and by-laws, as amended.

NOTE TO PARTNERSHIPS:

Please attach a copy of the current partnership agreement, as amended.

NOTE TO TRUSTS:

Please attach a copy of the instrument creating the trust, as amended.

NOTE TO ESTATES:

Please attach a copy of the will and current letters testamentary.

NOTE TO LIMITED LIABILITY

COMPANIES: Please attach a copy of the resolution to purchase and articles of organization and operating agreement, as amended.

3. INVESTOR INFORMATION

Please note: Investor information is required for all registration types. If this is a custodial investment through an IRA or otherwise, the custodian must provide the information requested under "Custodian/Trustee Information" in Section 2.

Individual/Beneficial Owner (Please print name to whom Shares are to be registered)

First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Date of Birth		
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>		
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different than above)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (Daytime)	Phone (Evening)		
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>		
Email	<input type="text"/>		
(Please Check) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Citizen Residing Outside of U.S. <input type="checkbox"/> Foreign Citizen, Country <input type="text"/>			
(Check One) <input type="checkbox"/> Calendar Year Taxpayer <input type="checkbox"/> Fiscal Year Taxpayer			

Joint Owner/Minor

First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Date of Birth		
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>		
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different than above)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone (Daytime)	Phone (Evening)		
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>		
Email	<input type="text"/>		
(Please Check) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Citizen Residing Outside of U.S. <input type="checkbox"/> Foreign Citizen, Country <input type="text"/>			
(Check One) <input type="checkbox"/> Calendar Year Taxpayer <input type="checkbox"/> Fiscal Year Taxpayer			

Trust

Name of Trust

Date of Trust

 — —

Names of Trustee(s)

Taxpayer Identification Number

Name of Beneficial Owner(s)

Beneficial Owner(s) Street Address

City

State

Zip Code

Social Security Number

 — —

Date of Birth

 — —

Occupation

Phone (Daytime)

 — —

Phone (Evening)

 — —

Email

(Please Check) ☐ U.S. Trust ☐ Foreign Trust, Country _____(Check One) ☐ Calendar Year Taxpayer ☐ Fiscal Year Taxpayer**Corporation/Partnership/Other**

Entity Name

Tax ID Number

Date of Entity Formation

 — —

Names of Officer(s), General Partner or other Authorized Person(s)

Phone (Daytime)

 — —

Email

(Please Check) ☐ U.S. Entity ☐ Foreign Entity, Country _____(Check One) ☐ Calendar Year Taxpayer ☐ Fiscal Year Taxpayer

4. DISTRIBUTION INFORMATION (CHOOSE ONE OR MORE OF THE FOLLOWING OPTIONS)

If you select more than one option you must indicate the percentage of your distribution to be applied to each and the sum of the allocations must equal 100%. A minimum of 20% is required for the Direct Reinvestment Plan.

% of Distribution

- ☐ I prefer to participate in the Distribution Reinvestment Plan, as described in the Final Prospectus.* _____
- ☐ Send distributions via check to Investor's home address (or for Qualified Plans to the address listed in Section 2). _____
- ☐ Send distributions via check to alternate payee listed here (not available for Qualified Plans). _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account No.: _____

- ☐ **Direct Deposit (Attach Voided Check)** I authorize Resource Real Estate Opportunity REIT, Inc. or its agent (collectively, Resource Real Estate) to deposit my distributions in the checking or savings account identified below. This authority will remain in force until I notify Resource Real Estate in writing to cancel it. In the event that Resource Real Estate deposits funds erroneously into my account, Resource Real Estate is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Financial Institution Name: _____ Checking ☐ Savings ☐

ABA/Routing Number: _____

Account Number: _____

Signature of Account Owner(s):

X _____

X _____

* IF YOU ELECT TO PARTICIPATE IN THE DISTRIBUTION REINVESTMENT PLAN, YOU AGREE THAT IF AT ANY TIME YOU FAIL TO MEET THE MINIMUM INCOME AND NET WORTH STANDARDS ESTABLISHED FOR THE COMPANY OR CANNOT MAKE THE OTHER INVESTOR REPRESENTATIONS OR WARRANTIES SET FORTH IN THE FINAL PROSPECTUS OR LISTED ON PAGE 5 (ITEM 5) OF THE SUBSCRIPTION AGREEMENT RELATING TO SUCH INVESTMENT, YOU WILL PROMPTLY NOTIFY THE COMPANY IN WRITING OF THAT FACT.

5. INVESTOR SIGNATURES (TO BE COMPLETED BY ALL INVESTORS)

Please carefully read and separately initial each of the representations below for items 1-5. Only sign items 6-8 if applicable. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf. In order to induce the Company to accept this subscription, I hereby represent and warrant to you as follows:

Initials

- | | | |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | 1. I have received the Final Prospectus for the Company at least five business days before signing the Subscription Agreement. |
| (owner) | (co-owner, if any) | |
| <input type="text"/> | <input type="text"/> | 2. I have (i) a minimum net worth (exclusive of home, home furnishings and personal automobiles) of at least \$250,000 or (ii) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000, and, if applicable, I meet the higher net worth and gross income requirements imposed by my state of primary residence as set forth in the Final Prospectus under "Suitability Standards." I will not purchase additional shares unless I meet the applicable suitability requirements set forth in the Final Prospectus at the time of purchase. |
| (owner) | (co-owner, if any) | |
| <input type="text"/> | <input type="text"/> | 3. I acknowledge that there is no public market for the shares and, thus, my investment in shares is not liquid. |
| (owner) | (co-owner, if any) | |
| <input type="text"/> | <input type="text"/> | 4. I am purchasing the shares for my own account. |
| (owner) | (co-owner, if any) | |
| <input type="text"/> | <input type="text"/> | 5. I acknowledge that I will not be admitted as a stockholder until my investment has been accepted. The acceptance process includes, but is not limited to, reviewing the Subscription Agreement for completeness and signatures, conducting an Anti-Money Laundering check as required by the USA Patriot Act and payment of the full purchase price of the shares. |
| (owner) | (co-owner, if any) | |
| <input type="text"/> | <input type="text"/> | 6. If I am a Kansas resident, I acknowledge that it is recommended by the office of the Kansas Securities Commission that Kansas investors not invest, in the aggregate, more than 10% of their liquid net worth in this and similar direct participation investments. Liquid net worth is defined as that portion of net worth that consists of cash, cash equivalents and readily marketable securities. |
| (owner) | (co-owner, if any) | |
| <input type="text"/> | <input type="text"/> | 7. If I am an Iowa resident, I have (i) a minimum net worth (exclusive of home, home furnishings and personal automobiles) of at least \$350,000 or (ii) a minimum net worth (as previously described) of at least \$100,000 and a minimum annual gross income of at least \$70,000. |
| (owner) | (co-owner, if any) | |
| <input type="text"/> | <input type="text"/> | 8. If I am an Alabama resident, I have a liquid net worth of at least 10 times my investment in the Company and its affiliates. |
| (owner) | (co-owner, if any) | |

The Company will send you confirmation of your purchase upon acceptance of your subscription.

Taxpayer Identification Number Certification – Check the first box below pursuant to its instructions, unless you are a foreign investor or you are investing as a U.S. grantor trust.

Note: If there is a change in circumstances which makes any of the information provided by you in your certification below incorrect, then you are under a continuing obligation so long as you own shares in the Company to notify the Company and furnish the Company a new certificate within thirty (30) days of the change.

☐ Under penalties of perjury, I certify that:

- (1) the number provided in my Subscription Agreement is my correct "TIN" (i.e., social security number or employer identification number);
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding under §3406(g)(1) of the Internal Revenue Code and the related regulations, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- (3) I am a U.S. person (which includes U.S. citizens, resident aliens, entities or associations formed in the U.S. or under U.S. law, and U.S. estates and trusts other than grantor trusts.)

Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

☐ **Foreign Investor.** I have provided the Company with the appropriate Form W-8 certification or, if a joint account, each joint account owner has provided the Company the appropriate Form W-8 certification, and if any one of the joint account owners has not established foreign status, that joint account owner has provided the Company with a certified TIN.

☐ **U.S. Grantor Trusts.** Under penalties of perjury, I certify that:

- (1) the trust designated as the Investor on my Subscription Agreement is a United States grantor trust which I can amend or revoke during my lifetime;
- (2) under subpart E of subchapter J of the Internal Revenue Code (check only one of the boxes below):
 - ☐ (a) 100% of the trust is treated as owned by me;
 - ☐ (b) the trust is treated as owned in equal shares by me and my spouse; or
 - ☐ (c) _____% of the trust is treated as owned by _____, and the remainder is treated as owned _____% by me and _____% by my spouse); and
- (3) each grantor or other owner of any portion of the trust as certified by me in (2)(a), (b) or (c) above, has provided the Company with the appropriate Form W-8 or Form W-9 certification.

Note: If you check the box in (2)(c), you must insert the information called for by the blanks.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

☒

Signature of Investor

Date

☒

Signature of Joint Investor or, for Qualified Plans, of Trustee/Custodian

Date

6. BROKER-DEALER AND/OR REGISTERED INVESTMENT ADVISOR SIGNATURES

TO BE COMPLETED BY BROKER-DEALER OR REGISTERED INVESTMENT ADVISOR (For Commission and Other Purposes)

The Investor's registered representative ("Registered Representative") of a participating broker-dealer ("Broker-Dealer") or an authorized representative of the Investor's Registered Investment Advisor ("Registered Investment Advisor"), as applicable, must sign below to complete the order. The Registered Representative hereby warrants that he or she and the Broker-Dealer are duly licensed and may lawfully sell shares of common stock in the state designated as the Investor's legal residence. The Registered Investment Advisor represents that such advisor is either registered under the Investment Advisers Act of 1940 or exempt from registration. The Broker-Dealer or Registered Investment Advisor agrees to maintain records of the information used to determine that an investment in shares is suitable and appropriate for the Investor for a period of six years. The undersigned confirms by his or her signature that the Broker-Dealer or Registered Investment Advisor (i) has reasonable grounds to believe that the information and representations concerning the Investor identified herein are true, correct and complete in all respects; (ii) has discussed such Investor's prospective purchase of shares with such Investor; (iii) has advised such Investor of all pertinent facts with regard to the liquidity and marketability of the shares and other fundamental risks related to the investment in the shares; (iv) has delivered the Final Prospectus to such Investor; (v) has reasonable grounds to believe that the Investor is purchasing these shares for his or her own account; and (vi) has reasonable grounds to believe that the purchase of shares is a suitable investment for such Investor, that such Investor meets the suitability standards applicable to such Investor as set forth in the Final Prospectus, and that such Investor is in a financial position to enable such Investor to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto. I understand this Subscription Agreement is for Resource Real Estate Opportunity REIT, Inc.

<input type="text"/>	<input type="text"/>	Financial Institution ID <input type="text"/>
Name of Registered Representative/authorized representative	CRD/IARD Number (if applicable)	Branch ID <input type="text"/>
<input checked="" type="checkbox"/>		Rep ID <input type="text"/>
Signature of Registered Representative/authorized representative		
Phone Number:	Facsimile Number:	
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>	
Email Address:	Representative's Street Address:	
<input type="text"/>	<input type="text"/>	
Company Name (if other than Broker-Dealer or RIA Name)	Representative's City:	
<input type="text"/>	<input type="text"/>	
Name of Broker-Dealer/RIA	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker-Dealer CRD Number/RIA IARD Number		
<input type="text"/>		
Broker-Dealer/RIA Email Address:		
<input type="text"/>		

NOTICE TO BROKER-DEALER/RIA: Only original, completed copies of the Subscription Agreement can be accepted.

- CHECKS** should be made payable to "Resource Real Estate Opportunity REIT, Inc." and sent, together with **Subscription Documents**, completed and signed, to:

For Regular Mail:

Resource Real Estate, Inc.
P.O. Box 219169
Kansas City, MO 64121

For Overnight Packages:

Resource Real Estate, Inc.
430 West 7th Street
Kansas City, MO 64105
(866) 469-0129

- WIRES** may be sent to:
UMB Bank, NA
1010 Grand Avenue
Kansas City, MO 64106
ABA# 101 000 695
Account #9871916375

Account Name: DST as Agent for Resource Real Estate, Inc. Universal Acct.
Reference: [investor name] Resource Real Estate Opportunity REIT, Inc.

AUTOMATIC INVESTMENT PROGRAM

THIS AUTOMATIC INVESTMENT PROGRAM FORM may be used by any investor in Resource Real Estate Opportunity REIT, Inc. (the "Company") to purchase shares of the Company at regular intervals through a transfer of funds from your bank account directly to your Company investment account. If you did not acquire your shares from the Company (e.g., you acquired your shares through a transfer of ownership or a transfer on death) and you wish to purchase shares through the Automatic Investment Program, you must complete the Company's Subscription Agreement.

PLEASE NOTE:

- **Ohio and Alabama residents are not eligible to participate in the Automatic Investment program.**
- **The Company will pay distributions per your instructions in item 4 of the Company's Subscription Agreement. If you participate in the Distribution Reinvestment Plan, distributions earned from shares purchased pursuant to the Automatic Investment Program will be reinvested pursuant to the Distribution Reinvestment Plan.**

Please Send To: Resource Real Estate, Inc., P.O. Box 219169, Kansas City, MO 64121-9169. If you have any questions, please call (866) 469-0129.

1. INVESTOR INFORMATION (MUST MIRROR THE ORIGINAL SUBSCRIPTION AGREEMENT)

Name of the Registered Owner

SSN/Tax ID

 — —

Date of Birth

 — —

Name of the 2nd Registered Owner

SSN/Tax ID

 — —

Date of Birth

 — —

2. INVESTMENT INFORMATION

Monthly Investment Amount (\$100/month minimum): \$

Timing of Withdrawal: (Check One) ☐ 2nd Day of Each Month – OR – ☐ 16th Day of Each Month

Start Date (month/day/year):

 — —

Financial Institution Name

Mailing Address

City

State

Zip

ABA/Routing Number

Account Number

Checking ☐

Savings ☐

PLEASE ATTACH A PRE-PRINTED VOIDED CHECK HERE

The services cannot be established without a pre-printed voided check

For electronic fund transfers, signatures of bank account owners are required exactly as they appear on bank records. If registration at the bank differs from that in this form, all parties must sign below.

X

Signature of Account Owner

X

Signature of Joint Account Owner (if applicable)

NOTICE REGARDING TRANSFER ON DEATH REGISTRATION

Your shares of common stock ("Shares") of Resource Real Estate Opportunity REIT, Inc. (the "Company") may be registered in beneficiary form by directing the Company to include in the registration a Transfer on Death ("TOD") direction to transfer the Shares upon your death to the designated TOD beneficiary, provided the Company receives proof of death and other documentation it deems necessary or appropriate. An example of this designation would be "John Doe TOD Jane Smith." John Doe is the owner of the Shares and Jane Smith is the TOD beneficiary. This agreement is between you and the Company. You should discuss the making of a TOD direction with your attorney and tax advisor to ensure that it is consistent with your estate and tax planning.

Your TOD direction will appear on the Company's records and in all correspondence with you as part of the registration in which your Shares are held. You may name a secondary beneficiary to whom your Shares will be transferred if your primary beneficiary predeceases you. If all named beneficiaries predecease you, then your Shares will be transferred to your estate.

TOD LIMITATIONS

The Company reserves the right to allow the following rules to apply to a TOD registration:

1. A TOD designation will be accepted only where Shares are owned by a natural person and registered in that individual's name or by two or more natural persons as joint tenants with rights of survivorship ("JTWROS"). A TOD designation made by JTWROS does not take effect until the last joint tenant dies. The surviving owners may revoke or change the TOD designation at any time.
2. The TOD beneficiary must be an individual or entity and cannot be one of the persons in the JTWROS registration.
3. Shares held by trusts, corporations, charities and other such entities may not declare a TOD designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a TOD for accounts registered to a natural person.
4. If the beneficiary does not survive the registered owner, the shares will be treated as belonging to the decedent's estate.
5. A minor may not be named as a beneficiary.
6. A TOD designation will not be accepted from residents of Louisiana.
7. A TOD designation may be voided at any time by the Company, in its sole discretion, if there is any doubt as to the validity or effectiveness of a TOD designation.

MULTIPLE BENEFICIARIES

If you wish to have more than one primary or secondary beneficiary, the requirements are as follows:

1. Write the name of each beneficiary on an additional page and clearly indicate whether each beneficiary is a primary or secondary beneficiary.
2. Indicate the number of Shares for each beneficiary.
3. Sign both the TOD form and the additional page.

Upon your death, your Shares and any unpaid distributions with respect to your Shares will be transferred to your beneficiary who survives your death with the properly signed and executed transfer paperwork. You agree that the Company may rely on a sworn request submitted by you to execute your TOD direction (submitted by your named beneficiary or by your personal representative) that lists your surviving beneficiary. Your TOD direction is revocable prior to your death by the sale of your Shares, by assigning your Shares to another person or entity or by requesting registration without a TOD direction or requesting registration with a new TOD direction. Your TOD direction may not be revoked by a provision in your will or other instrument. If the TOD direction is held in a JTWROS registration, the surviving joint owner may, acting alone, revoke the TOD direction following the death of the other joint owner.

IMPORTANT NOTICE: The Company will only honor a TOD direction that has been recorded on the Company's registration records by the Company. Also, the Company will not recognize a revocation or change in a TOD direction made in your will or other instrument. TOD directions, changes and revocations will only be accepted when in proper form. Proper form requires each of the following:

1. Endorsement by the owner with acceptable signature guaranteed. (A signature guarantee is an authentication of a signature in the form of a stamp or seal by a bank, a stock exchange member or another acceptable guarantor.)
2. Instructions indicating either a new form of registration, removal of the current TOD beneficiary and/or designating a new TOD beneficiary.
3. Actual receipt by the Company prior to your death.

You should periodically review and consider any outstanding TOD direction to make certain the TOD direction conforms to your current intentions with respect to the disposition of the Shares at your death.



TRANSFER ON DEATH REGISTRATION APPLICATION

1. INVESTOR'S INFORMATION

Investment Name

SSN/Tax ID

 — —

Date of Birth

 — —

Investment Name

SSN/Tax ID

 — —

Date of Birth

 — —

Street Address

City

State

Zip

Mailing Address (if different than above)

City

State

Zip

Phone (day)

 — —

Phone (evening)

 — —

Email

(Please Check) ☐ U.S. Citizen ☐ U.S. Citizen Residing Outside of U.S. ☐ Foreign Citizen, Country _____

(Check One) ☐ Calendar Year Taxpayer ☐ Fiscal Year Taxpayer

2. DESIGNATION OF BENEFICIARY

By signing below, I request that my investment in Resource Real Estate Opportunity REIT, Inc. (the "Company") be registered in "transfer on death" ("TOD") form and I hereby designate the following as the beneficiary to whom the investment shall pass after I am deceased.

Name of TOD Beneficiary

SSN/Tax ID

 — —

Date of Birth of TOD Beneficiary

 — —

Street Address of TOD Beneficiary

City

State

Zip

Phone (day)

 — —

Phone (evening)

 — —

Email

Number of Shares (If all Shares state "All")

3. REPRESENTATIONS

By signing below, I also make the following warranties, representations and agreements:

1. Neither the Company or its respective directors, managers, officers, employees or agents are responsible for determining the tax consequences of the decision to register this investment as requested above.
2. The Company is not required to re-register the investment in the name of the beneficiary unless the Company has received such documents as the Company may require establishing that I am deceased.
3. I agree that the Company will not be liable for any claims, losses or liabilities resulting from (i) any breach of warranty, representation or agreement in this application, or (ii) any action the Company takes in connection with the registration or re-registration in the name of the beneficiary, or any distribution thereafter to the beneficiary or for the benefit of the beneficiary, made as requested or authorized under this application.
4. If this application is submitted by joint tenants with rights of survivorship, upon the death of one of the joint owners, ownership shall pass to the surviving joint owner, and the Company may follow the instructions of the survivor with regard to the investment, including without limitation, instructions to (i) terminate transfer on death registration, or (ii) change of owner or beneficiary.
5. The Company has not provided any legal, tax or other advice to me. I understand that this TOD form may not be enforceable in every jurisdiction. I agree to obtain the advice of an attorney and tax advisor with regard to the enforceability of this form in my state, and its effect on my tax and estate planning.
6. I acknowledge receipt of and have read the "Notice Regarding Transfer on Death Registration" attached hereto.
7. If I have established this account individually and am married (or jointly, and am not married to my joint applicant), my spouse's waiver has been executed below.

4. SIGNATURES

X

Signature of Registered Owner

Date

X

Signature of Joint Registered Owner

Date

****MEDALLION SIGNATURE GUARANTEE REQUIRED BY OWNER(S) OF INVESTMENT**

SPOUSAL WAIVER

By signing below, I consent to the terms and conditions of this Agreement:

X

Signature of Applicant's Spouse

Date

X

Signature of Joint Applicant's Spouse

Date

NOTE: A TOD MAY ONLY BE HELD BY AN INDIVIDUAL OR BY JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP. YOU MAY NOT USE THIS FORM IF YOUR INVESTMENT IN RESOURCE REAL ESTATE OPPORTUNITY REIT, INC. IS HELD IN AN IRA, ESTATE, TRUST, CORPORATION, ETC.)



RESOURCE SECURITIES, INC.

PRIVACY NOTICE

SHARES OF RESOURCE REAL ESTATE OPPORTUNITY REIT, INC. ARE OFFERED THROUGH RESOURCE SECURITIES, INC. AN AFFILIATE OF RRE AND MEMBER – FINRA, SIPC.

We are providing you with this privacy notice to inform you of how we handle your personal information that we collect and may disclose to our affiliates and unaffiliated third party service providers. If we change our information practices, we will provide you with notice of any material changes. This privacy policy supersedes any prior disclosure concerning our privacy policies.

WHY THIS PRIVACY POLICY APPLIES TO YOU

You are receiving this notice because you may obtain a financial product or service through us for business, personal, family or household purposes.

COLLECTION OF INFORMATION

We obtain nonpublic personal information about you from the following sources:

- information we receive from you on applications, questionnaires, from interviews, and on forms you provide to us, such as your name, address, telephone number, Social Security number, occupation, assets and income;
- information about your transactions with us, our affiliates or others; and
- information from public records we may access in the ordinary course of business.

INFORMATION WE MAY PROVIDE TO OTHERS

Categories of Affiliates to Whom We May Disclose Personal Information. We may share personal information about you with our affiliates.

When We May Disclose Your Personal Information to Unaffiliated Third Parties. We will only share your personal information collected, as described above, with unaffiliated third parties:

- at your request;
- when you authorize us to process or service a transaction or product (unaffiliated third parties in this instance may include service providers such as property managers, accountants and other parties providing property management, administrative, servicing, accounting and record keeping services);
- with companies that perform sales and marketing services on our behalf with whom we have agreements to protect the confidentiality of your information and to use the information only for the purposes for which we disclose the information to them; or
- when required by law to disclose such information to appropriate authorities.

We do not otherwise provide information about you to outside firms, organizations or individuals except to our attorneys, accountants and auditors and as permitted by law.

What We Do To Protect Your Personal Information

We protect personal information provided to us by our individual investors according to strict standards of security and confidentiality. These standards apply to both our physical facilities and any online services we may provide. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard consumer information. We permit only authorized individuals, who are trained in the proper handling of individual investor information and need to access this information to do their job, to have access to this information.

FURTHER INFORMATION

For additional information please write us at Resource Securities, Inc., 1845 Walnut Street, 18th Floor, Philadelphia, Pennsylvania 19103.

Please find additional useful forms on line at **www.ResourceREIT.com** including:

- Account Update Form
- Change of Ownership/Application for Transfer Form
- Redemption Request Form