

REQUEST FOR PRIVATE PLACEMENT MEMORANDUM AND STATEMENT AS TO ACCREDITED STATUS

TEI Diversified Income and Opportunity Fund II, LLC

IF YOU ARE INTERESTED IN RECEIVING A PRIVATE PLACEMENT MEMORANDUM WITH RESPECT TO AN INVESTMENT IN TEI DIVERSIFIED INCOME AND OPPORTUNITY FUND II, LLC, PLEASE COMPLETE ALL SECTIONS AND RETURN THIS FORM.

Name:			
Address:	City:		
State: Zip:	_ Daytime Phone: (_) Home Pho	one: ()
Date of Birth://19 So	ocial Security No.:	E-mail:	
equal to a multiple of \$25,0		nunt which is one or more full \$50,000 Units or a fractional Unit 000 or a fractional Unit in a lesser amount in the event that the esser amount can be made available in this offering.)	
I am qualified to invest as an accredite	ed investor by reason of	at least one of the following	g (check ALL items that apply):
 My net worth (either individually or primary residence, exceeds \$1,000,0 difference from your net worth). 			
2. My individual annual income was at	least \$200,000 in each of the t	wo most recent years, and I expec	et such income in the current year.
3. My annual income, jointly with my sthe current year.	spouse, was at least \$300,000	in each of the two most recent ye	ears, and I expect such income in
4. All of the undersigned entity's equity	y owners meet at least one of	the three tests listed above.	
5. If the undersigned is a partnership, li formed for the specific purpose of management		rporation, it has total assets in ex	cess of \$5,000,000 and it was not
6. If the undersigned is a trust then (a) it person and it was not formed for the for his or her own benefit which mee	specific purpose of making t	his investment, or (b) it is a revo	cable trust created by an investor
Please indicate your Real Estate Objectives (Rank from 1 through 4 in order of priority; 1 bei		Risk Tolerance (Check One): Aggressive	Do Investment Objectives Allow Speculation?
Growth Current Income Tax Deferral Liquidity		☐ Moderate	□ No □ Yes
Please estimate the percent of real estate in Investment Portfolio (excluding personal resid		☐ Conservative	□ res
Signature:		Date:	
PLEASE RETURN THIS FORM BY: FAX 8.	55-856-6483; E-MAIL <u>azapp</u>	ier@nhcohenpartners.com; or Ma	AIL TO:

NHCohen Capital LLC, 2 Park Avenue, 14th Floor, New York, NY 10016 T (212) 498-6960 F (855) 856-6483 Member FINRA

SHOULD YOU HAVE ANY QUESTION, PLEASE CALL NHCOHEN CAPITAL AT 212-498-6960 TO SPEAK TO A REGISTERED REPRESENTATIVE REGARDING THE INVESTMENT, OR TO ANTOINETTE ZAPPIER REGARDING THE PROCEDURE TO SUBSCRIBE. YOU MAY ALSO VISIT OUR WEBSITE AT www.nhcohenpartners.com (User Name and Password required for access to investment documents).