



ACCOUNT UPDATE FORM

Date: \_\_\_\_\_

Shareholder No.(s): \_\_\_\_\_

Tax Payer ID: \_\_\_\_\_

Re:  Change of Address  E-Mail Correspondence  Distribution Change  Broker/Dealer  Representative

NEW ADDRESS

Name of Shareholder(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

E-MAIL CORRESPONDENCE

Check this box if you would like to receive your shareholder correspondence electronically. Documents will be delivered or posted in HTML format or as a PDF document. Subscribers will need Adobe Acrobat Reader software to view the documents in PDF format. In order to review the documents in PDF format, a system running Windows 95/98/2000/NT4.0 or Macintosh OS version 7.5.3 or later is required. You may request paper copies of any document delivered electronically by contacting W. P. Carey's Investor Relations Department.

Check this box if you are currently enrolled in electronic delivery and no longer wish to receive your shareholder correspondence electronically. Please note the revoking of your consent applies to all documents and not to a portion of the deliverable documents.

DISTRIBUTION PAYMENT OPTIONS

Complete this section if distribution payments should be sent to address other than reported in the new title section. If you would like to enroll in the Distribution Reinvestment Plan (DRIP), please contact the CPA® Investor Relations Department at 1-800-WP CAREY.

AUTOMATIC DEPOSITS — Please include a voided check or savings deposit slip. (Non-Qualified Investors Only) I authorize Bank of the West to initiate variable entries to my checking or savings account. This authority will remain in effect until I notify the CPA® Investor Relations Department or Phoenix American, the transfer agent for CPA®, in writing to cancel in such time as to afford a reasonable opportunity to act on the cancellation.

Financial Institution Name and Address: \_\_\_\_\_

Account Type (check one):  Checking  Savings  Other

Account Number \_\_\_\_\_ Bank ABA Routing Number \_\_\_\_\_

ALTERNATE PAYEE — Please complete the following information. Company or Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account Number (if any) \_\_\_\_\_

Account Name (if any) \_\_\_\_\_

BROKER/DEALER - REPRESENTATIVE

Name of New Representative \_\_\_\_\_

Name of New Broker/Dealer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Representative Phone/Fax No.(s) \_\_\_\_\_

AUTHORIZED SIGNATURE(S)

MUST BE SIGNED BY ALL TITLEHOLDERS.

Shareholder Signature

Shareholder Signature