W. P. CAREY

ACCOUNT UPDATE FORM

DATE: _____

SHAREHOLDER NAME(S): _____

SHAREHOLDER NO.(S): _____

TAX PAYER ID: _____

Type of change:

☐ ADDRESS ☐ ELECTRONIC DELIVERY ☐ DISTRIBUTION PAYEE ☐ BROKER/DEALER ☐ REPRESENTATIVE

NEW ADDRESS

NEW ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ ALTERNATE PHONE: _____ E-MAIL: _____

ELECTRONIC DELIVERY

☐ Check this box if you would like to receive your shareholder correspondence electronically. E-MAIL: _____

You may request paper copies of any document delivered electronically. You may revoke this consent at any time, and the revoking of this consent applies to all documents and not to a portion of the deliverable documents.

☐ 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

If you would like to enroll in the Distribution Reinvestment Plan (DRIP), please contact the W. P. Carey Investor Relations Department at 1-800-WP CAREY.

☐ Mail to investor address of record (FOR NON-CUSTODIAL ACCOUNTS)

☐ Pay to Custodial Account (FOR CUSTODIAL ACCOUNTS)

☐ Distributions directed to (Complete information below):

☐ Via Electronic Deposit* (ACH – Complete information below)

☐ Checking (include voided check) ☐ Savings

BANK, BROKERAGE FIRM OR PERSON: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

ACCOUNT NUMBER: _____ BANK ABA NUMBER (FOR ACH ONLY): _____

*I authorize Bank of the West to deposit variable entries to my checking, savings or brokerage account. This authority will remain in effect until I notify W. P. Carey's Investor Relations Department or Phoenix American, the transfer agent for CPA® and CWI, in writing to cancel in such time as to afford a reasonable opportunity to act on the cancellation. In the event that Bank of the West deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous debit.

BROKER/DEALER – REPRESENTATIVE

NAME OF NEW REPRESENTATIVE: _____

NAME OF NEW BROKER/DEALER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

REPRESENTATIVE PHONE/FAX NO.(S): _____

AUTHORIZED SIGNATURES

MUST BE SIGNED BY ALL TITLEHOLDERS

SHAREHOLDER SIGNATURE

SHAREHOLDER SIGNATURE

Please mail or fax to: W. P. Carey & Co. · c/o Phoenix Transfer, Inc., Attn: WPC Account Maintenance · 2401 Kerner Boulevard, San Rafael, CA 94901 · Fax: 415-485-4553

W. P. Carey Investor Relations: 1-800-WP CAREY