

Investor Account #: _____

1. REGISTRATION NAME(S) ON ACCOUNT

Note: Investor Account number, to complete the field on top right corner of form, may be found on distribution statement.

Name of Investor or Trustee:		Investor SSN/Tax ID:
Name of Joint Investor or Trustee (if applicable):		Co-Investor SSN/Tax ID (if applicable):
Legal Address (No P.O. Boxes):		
City:	State:	ZIP:

2. ELECTRONIC DELIVERY ELECTION

- 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.
- Please note the revoking of your consent applies to all documents and not to a portion of the deliverable documents.

Check this box if you would like to receive your investor correspondence electronically.¹
 Email: _____

Check this box if you are currently enrolled in electronic delivery and no longer wish to receive your investor correspondence electronically.²

3. REQUIRED SIGNATURES

Signature of Investor/Trustee	Date
Signature of Co-Investor/Trustee - OR - Custodian	Date
Signature of Financial Advisor/Investor Representative	Date

Please mail the completed account update form to:

REGULAR MAIL:

W. P. Carey Inc.
 c/o DST Systems, Inc.
 P.O. Box 219145
 Kansas City, MO 64121-9145

OVERNIGHT DELIVERY:

W. P. Carey Inc.
 c/o DST Systems, Inc.
 430 W. 7th St Suite 219145
 Kansas City, MO 64105



Should you have any questions, please call W. P. Carey Investor Relations at 1-800-WP CAREY (972-2739)