



REPURCHASE REQUEST FORM

Sila Realty Trust, Inc. (the "REIT") Account Name: _____ Tax ID or SSN: _____

Sila Realty Trust, Inc. Acct # _____

1. Type of Repurchase Being Requested (please complete one option only)*

- Ordinary repurchase request
- Repurchase request due to the death of a stockholder (must include certified copy of death certificate, and in the case of qualifying trusts, an executed Certification of Trust for Repurchase form)
- Repurchase request due to the qualifying disability of a stockholder (must include initial application for disability benefits and one of the following: a Social Security Administration Notice of Award, a U.S. Office of Personnel Management determination of disability under CSRS, a Veteran's Administration record of disability-related discharge or such other documentation issued by the applicable governmental agency demonstrating an award of the disability benefits)
- Repurchase request due to involuntary exigent circumstance (must include documentation pursuant to executed Certification Regarding Exigent Circumstances for Repurchase form)
- Repurchase request due to mandatory distribution requirement under stockholder's IRA (must include documentation)

A separate form is required for each account for which a repurchase is being requested, and additional support may be required. The REIT must receive all relevant documentation by the last day of the quarter in which the stockholder is requesting a repurchase of his or her shares.

Valid repurchase requests will be honored approximately 30 days following the end of the applicable quarter (the "Repurchase Date"). A stockholder, his or her heir or beneficiary, the fiduciary of his or her estate, or a trustee, as applicable, may withdraw a repurchase request, in whole or in part, up to 15 days prior to the Repurchase Date.

2. Amount of Repurchase Being Requested*

Please repurchase: (select one) All shares OR _____ shares (specific number), pursuant to the section entitled Share Repurchase Program ("SRP") attached to the REIT's current report on Form 8-K filed with the SEC on December 11, 2020. Should the REIT be unable to process all eligible repurchase requests within a quarter due to share and Distribution Reinvestment Plan ("DRIP") funding limitations described in the SRP, I (we) understand that I (we) might not receive the full repurchase request as the repurchase requests will be honored on a pro rata basis in the priority described in the SRP. I (we) also understand a request to repurchase "All shares" in an account will terminate my (our) participation in the DRIP, if applicable.

3. Option for the Remittance of Your Repurchase*

- It is my (our) desire to have payment remitted to my address or custodian of record, as applicable.
- It is my (our) desire to have payment remitted directly to my (our) bank account via check or ACH, according to my (our) distribution instructions on record.
- It is my (our) desire to have payment remitted to the following third party:

- It is my (our) desire to have payment remitted to the following third party bank account via ACH (Please attach a voided check for verification):

Bank Name: _____ Account Number: _____

Routing Number: _____

*Please be advised that all repurchases processed for custodial accounts will be remitted to the custodian.



4. Cost Basis Election

On October 3, 2008, the Emergency Economic Stabilization Act, HR1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring REITs to provide cost basis reporting to their stockholders.

The REIT has elected to default, for purposes of these cost basis accounting rules, to a first-in/first-out ("FIFO") basis as applicable under these rules. Unless the stockholder elects to choose an alternative method, the REIT will default calculations based on a FIFO basis. Investors wishing to elect an approved alternate cost basis method may contact 833-404-4107.

Date of Shares Acquired	Number of Shares	Purchase Price
		\$
		\$
		\$

5. Signature Execution

ALL SIGNATURES MUST BE MEDALLION SIGNATURE GUARANTEED

Investor #1 Name (please print)

Medallion Signature Guarantee:

Investor #1 Signature Date

Investor #2 Name (please print)

Medallion Signature Guarantee:

Investor #2 Signature Date

Custodian

Custodian Signature Date

Send Completed Requests To:

Regular Mail

Overnight Mail

Sila Realty Trust, Inc.
c/o DST Systems, Inc.
P.O. Box 219359
Kansas City, MO 64121-9359

Sila Realty Trust, Inc.
c/o DST Systems, Inc.
430 W. 7th Street
Suite #219359
Kansas City, MO 64105-1407

Investors: 833-404-4107

