

**The transferee hereby represents and warrants to Accordant OCDE Index Fund (the "Fund") as follows:**

1. Transferee has received a copy of the current Fund's Prospectus (the "Prospectus").
2. Transferee understands that the assignability and transferability of the shares will be governed by the Declaration of Trust of the Fund and all applicable bylaws as described in the Prospectus, and transferee has adequate means of providing for his current needs and personal contingencies and has no need for liquidity in this investment.
3. Transferor and transferee understand that no transfer or assignment may be made of a fractional share and no transfer or assignment may be made if, as a result of such transfer, the transferor (other than one transferring all of his/her shares) or the transferee will own less than the minimum initial investment required to be purchased as stated in the Prospectus, unless such transfer is made on behalf of a retirement plan, or such transfer is made by gift, inheritance, intra-family transfer, family dissolution, or to affiliates.
4. Transferee acknowledges that if transferee participates in the Distribution Reinvestment Plan or makes subsequent purchases of shares of the Fund, including purchases made pursuant to the Automatic Investment Program, transferee agrees that, if transferee can no longer make the representations or warranties set forth in this transfer and assignment, transferee is required to promptly notify the Fund and transferee's broker-dealer in writing.
5. Transferee has reached the age of majority in his/her state of residence or transferee has a guardian appointed to help the minor with his/her transactions.
6. Transferee acknowledges that (a) the Fund is required by law to obtain, verify, and record certain personal information from transferee or persons on transferee's behalf in order to establish the account, including name, date of birth, permanent residential address, and social security/taxpayer identification number; (b) if transferee does not provide the information, the Fund may not be able to open transferee's account; (c) by signing this Transfer and Assignment of Shares, transferee agrees to provide this information and confirm that this information is true and correct; and (d) if the Fund is unable to verify transferee's identity, or that of another person(s) authorized to act on transferee's behalf, or if the Fund believes it has identified potentially criminal activity, the Fund reserves the right to take action as it deems appropriate, which may include closing transferee's account.
7. Transferee is buying the shares for his/her own account or for the account or benefit of a member(s) of his/her immediate family or in a fiduciary capacity for the account of another person or entity and not as an agent for another.
8. Transferee is aware that there is no public market for the shares, liquidity for the Fund's shares will be provided only through quarterly repurchase offers, and accordingly, an investment in the Fund is of limited liquidity.
9. If Transferee is acting in a representative capacity for a corporation, paid internship, trust, or other entity, or as agent for any person or entity, transferee has full authority to execute this Transfer and Assignment of Shares in such capacity.
10. If Transferee is purchasing the shares transferred hereby in a fiduciary capacity, the representations and warranties shall be deemed to have been made on behalf of the person or persons for whom transferee is so purchasing.
11. Transferor hereby constitutes the treasurer of the Fund, as transferor's attorney in fact to transfer the said shares on the books of the Fund to transferee with full power of substitution. The foregoing grant of authority is a special power of attorney and coupled with an interest, and is irrevocable and shall survive transferee's death, dissolution, or disability.
12. Transferee understands that (a) transferee will not be admitted as a shareholder until a transfer has been accepted; (b) the acceptance process includes, but is not limited to, reviewing this transfer and assignment for completeness and signatures.

13. Transferee understands the meaning and legal consequences of the representations and warranties set forth above, and transferee agrees to indemnify and hold harmless the Fund from and against any and all loss, damage, claim, expense or liability (including, without limitation, court costs and attorney's fees and expenses) due to, or arising out of, a breach of representation or warranty of transferee contained in this transfer and assignment. Notwithstanding any of the representations, warranties, acknowledgments, or agreements made herein by transferee, transferee does not thereby or in any other manner waive any rights granted to him/her under federal or state securities law.
14. Under penalties of perjury, transferee certifies (a) that the number shown on this Transfer and Assignment of Shares is the correct taxpayer identification number, (b) that transferee is not subject to backup withholding either because they have not been notified that they are subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service has notified transferee that they are no longer subject to backup withholding under Section 3406(a)(1)(C) and (c) that transferee is a U.S. person (including a U.S. resident alien), unless transferee has otherwise indicated in Section 3 of the Transferee Information attached hereto.
15. In the case of purchases of shares by fiduciary accounts, the above representations and warranties shall be deemed to have been made by the fiduciary account or by the person who directly or indirectly supplies the funds for the purchase of shares.

Dated as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**TRANSFEROR:**

Print Name

**TRANSFEE:**

Print Name

**(1)  
TRANSFEROR  
(OR SELLER'S)  
INFORMATION**

|  |                                    |
|--|------------------------------------|
| ACCOUNT NUMBER                               | NUMBER OF SHARES TO BE TRANSFERRED |
| <input type="text"/>                         | <input type="text"/>               |
| ACCOUNT TITLE                                |                                    |
| <input type="text"/>                         |                                    |
| SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER |                                    |
| <input type="text"/>                         |                                    |

**(2)  
REASON FOR  
TRANSFER  
(SELECT ONE  
ONLY)**

- Re-registration (name change, divorce, individual to joint, trust, etc.)
- Death, date of death: \_\_\_\_\_
- Gift
- Sale (\$ \_\_\_\_\_ per share)
- Other (provide details): \_\_\_\_\_

Some transfers will require additional documentation

**Transferor (or Seller's) Acknowledgment and Signature:**

*By executing this form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation. The transferor(s) understands that the transfer may be made only in compliance with the Articles of Incorporation and Bylaws, as amended, of the Fund. The signature(s) on this form must correspond with the name(s) in which the transferor(s) hold the transferred Shares.*

**All registered account owners are required to sign, and a medallion signature guarantee is required. Custodial accounts require a medallion signature guarantee or approval from the custodian.**

**TRANSFEROR'S SIGNATURE:**

**CO-TRANSFEROR OR CUSTODIAN'S SIGNATURE:**

X  
\_\_\_\_\_  
Signature Date

X  
\_\_\_\_\_  
Signature Date

**Medallion Signature Guarantee  
(REQUIRED)**

**(3)**  
**TRANSFeree**  
**(OR BUYER'S**  
**INFORMATION)**

ENTITY NAME RECEIVING/CONTRA FIRM  
ACCOUNT NUMBER (IF APPLICABLE)

INVESTOR NAME

SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER DATE OF BIRTH

MAILING ADDRESS

CITY STATE ZIP CODE

PHONE EMAIL

(Check one)  U.S. Citizen  Resident Alien  Non-resident Alien\*

\*If non-resident alien, investor must submit the appropriate W-8 form with the proper Foreign Tax Identifying Number in order to make an investment.

**(4)**  
**JOINT PARTY,**  
**CUSTODIAN**  
**FOR MINOR,**  
**PARTNER,**  
**OFFICER**  
**INFORMATION**

NAME

SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER DATE OF BIRTH

MAILING ADDRESS

CITY STATE ZIP CODE

PHONE

**(5)**  
**OWNERSHIP**  
**TYPE:**

**PLEASE INCLUDE SUPPORTING DOCUMENTATION FOR ALL TRUSTS, PLANS, CORPORATIONS, PARTNERSHIPS, AND POWER OF ATTORNEYS.**

|   |   |
|---|---|
| <p><b>NON-QUALIFIED:</b></p> <p><input type="checkbox"/> Individual (If TOD, attach application)</p> <p><input type="checkbox"/> Joint Tenant 1 (If TOD, attach application)</p> <p><input type="checkbox"/> UGMA/UTMA: State of: _____</p> <p><input type="checkbox"/> Tenants in Common</p> <p><input type="checkbox"/> Trust</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation (select one below)</p> <p style="padding-left: 20px;"><input type="checkbox"/> C-Corp (This is default option)</p> <p style="padding-left: 20px;"><input type="checkbox"/> S-Corp</p> <p><input type="checkbox"/> Non-Profit Organization</p> <p><input type="checkbox"/> Estate</p> <p><input type="checkbox"/> Other (Specify): _____</p> | <p><b>QUALIFIED:</b></p> <p><input type="checkbox"/> Traditional (Individual) IRA</p> <p><input type="checkbox"/> Simple IRA</p> <p><input type="checkbox"/> SEP IRA</p> <p><input type="checkbox"/> ROTH</p> <p><input type="checkbox"/> Profit Sharing Plan</p> <p><input type="checkbox"/> Pension Plan</p> <p><input type="checkbox"/> KEOGH Plan</p> |
|---|---|

**(6)**  
**CUSTODIAN INFORMATION**

CUSTODIAN NAME

MAILING ADDRESS

CITY  STATE  ZIP CODE

CUSTODIAN PHONE  CUSTODIAN TAX ID

INVESTOR'S ACCOUNT NUMBER WITH CUSTODIAN

**(7)**  
**DIVIDEND OPTIONS**

**Please note that for qualified plans or custodial held accounts, cash dividends can only be sent to the custodian. You must make your withdrawal election with the custodian.**

Please select one option from the choices below.

- Check if you would like to participate in the Distribution Reinvestment Plan.
- Send distributions check to investor's home address (for qualified plans or custodial held accounts, will only be sent to the custodian).
- Send distributions via check to alternate payee listed here (not available for qualified plans).

NAME

MAILING ADDRESS

CITY  STATE  ZIP CODE

ACCOUNT NUMBER

**DIRECT DEPOSIT (ATTACH VOIDED CHECK)** I authorize Accordant ODCE Index Fund, or its agent to deposit my distributions in the checking or savings account identified below. This authority will remain in force until I notify Accordant ODCE Index Fund or its agent in writing to cancel it. In the event that Accordant ODCE Index Fund or its agent deposits funds erroneously into my account, Accordant ODCE Index Fund or its agent is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

FINANCIAL INSTITUTION NAME   Checking  Savings

ABA/ROUTING NUMBER  ACCOUNT NUMBER

(8)

**BROKER-DEALER AND REGISTERED REPRESENTATIVE INFORMATION FOR TRANSFEREE:**

|                               |                       |                      |
|-------------------------------|-----------------------|----------------------|
| BROKER-DEALER NAME            |                       |                      |
| <input type="text"/>          |                       |                      |
| REPRESENTATIVE NAME           | REPRESENTATIVE NUMBER |                      |
| <input type="text"/>          | <input type="text"/>  |                      |
| REPRESENTATIVE'S COMPANY NAME |                       |                      |
| <input type="text"/>          |                       |                      |
| MAILING ADDRESS               |                       |                      |
| <input type="text"/>          |                       |                      |
| CITY                          | STATE                 | ZIP CODE             |
| <input type="text"/>          | <input type="text"/>  | <input type="text"/> |
| PHONE                         | FAX                   | EMAIL                |
| <input type="text"/>          | <input type="text"/>  | <input type="text"/> |

**Transferee's Signature and Acknowledgment:**

My/our signature(s) below hereby authorizes Accordant ODCE Index Fund (the "Fund") to deposit distributions from my/our interest in stock of the Fund into the account at the financial institution as indicated. I/we further authorize the Fund to debit this account in the event that the Fund erroneously deposits additional funds to which I am/we are not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I/we withdraw funds erroneously deposited into my account before the Fund reverses such deposit, I/we agree that the Fund has the right to retain any future distributions that I am/we are entitled to receive until the erroneously deposited amounts are recovered by the Fund. This authorization is to remain in full force and effect until the Fund has received written notice from me of the termination of this authorization in time to allow reasonable opportunity to act on it, or until the Fund has sent me/us written notice of termination of this authorization.

**SUBSTITUTE W-9:**

I HEREBY CERTIFY under penalty of perjury (i) that the taxpayer identification number shown on the Transfer Agreement/Signature Page is true, correct and complete, (ii) that I am/we are not subject to backup withholding either because I/we have not been notified that I am/we are subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me/us that I am/we are no longer subject to backup withholding, and (iii) I am/we are a U.S. person(s).  
\*NOT APPLICABLE FOR NON-RESIDENT ALIENS.

By executing this form, the transferee(s) represent that they have received and/or reviewed the Prospectus and the other filings made by the Fund with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Fund's Articles of Incorporation and Bylaws, as amended.

**All registered account owners are required to sign, and a medallion signature guarantee is required. Custodial accounts require a medallion signature guarantee or approval from the custodian.**

**TRANSFEREE SIGNATURE:**

X   
Signature \_\_\_\_\_ Date \_\_\_\_\_

**CO-TRANSFEREE OR CUSTODIAN'S SIGNATURE:**

X   
Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions regarding your account should be directed to: **888-778-7781**

**Regular Mail To:**  
**Accordant Investments**  
PO Box 219723  
Kansas City, MO 64121-9723

**Overnight To:**  
**Accordant Investments**  
430 W 7th Street Suite 219723  
Kansas City, MO 64105-1407