



Quarterly Redemption of Shares Form Class E Shares Due to Qualifying Death/Disability

CURRENT SUBSCRIBER INFORMATION *(Please print name in which shares are registered)*

Investor Name _____ Co-Investor Name _____

Investor Social Security/ Taxpayer ID # _____ Co-Investor Social Security/ Taxpayer ID # _____

Birth Date/Articles of Incorporation (MM/DD/YY) _____ Co-Investor Birth Date (MM/DD/YY) _____

Street Address _____ City _____ State _____ ZIP _____

Brokerage Account Number _____ Home Telephone _____ E-mail Address _____

- Death — Please provide copy of the death certificate.
- Disability — Please complete the included Physician Certification Form.
 - Full redemption
 - Partial redemption, number of shares: _____

Please note that, in order to be eligible for any waiver that may be granted by the Company, in its sole discretion, with respect to a redemption request due to death or disability, the request must be submitted within 18 months of the date of death, as indicated on the death certificate, or the date of determination of disability, as indicated on the Physician Certification Form.

Please check the following box only if you acquired your shares (a) from any person other than Dividend Capital Diversified Property Fund, and you paid consideration for such shares; or (b) you received the shares through Dividend Capital Diversified Property Fund's Distribution Reinvestment Plan (DRP), but the distribution(s) that were reinvested were paid on shares that were acquired in a transaction described in (a).

- If you check this box, please explain on the line below how you acquired your shares.

REDEMPTION PROCEEDS — CUSTODIAL

Redemption proceeds will be sent to the Custodian for deposit into the Custodial account cited in your Shareholder record.

*** Please note: Custodian signature is required.**

REDEMPTION PROCEEDS — NON-CUSTODIAL

- I prefer that my redemption proceeds be paid by check to the address noted in my shareholder record.
- I prefer that my redemption proceeds be deposited directly into the checking or savings account listed below. *Please note: ACH applies to bank checking and savings accounts only.*

Name of Financial Institution

Name(s) on Account

ABA Number/Bank Account Number _____ Account Number

- Checking (Attach voided check.) Savings
- I prefer that my redemption proceeds be deposited directly into my brokerage account listed below.

Name of Financial Institution

Street Address _____ City _____ State _____ ZIP _____

Name(s) on Account _____ Account Number



Quarterly Redemption of Shares Form *(continued)* Class E Shares Due to Qualifying Death/Disability

SUBSCRIBER SIGNATURES

Dividend Capital Diversified Property Fund is not obligated to redeem shares of its common stock under the Class E Share Redemption Program. In an event of the death or disability of a stockholder, redemption of shares of Dividend Capital Diversified Property Fund common stock may be requested by timely submitting this written notice so that it is received by Dividend Capital Diversified Property Fund in good order prior to the end of the applicable quarter. Redemptions, with respect to any calendar quarter, will be effected on the 20th day following such calendar quarter (or, if not a business day, on the next business day) at a price equal to the NAV per share calculated after the close of business (4:00 p.m. ET) on the redemption date. As a result of this process, you will not know the redemption price at the time you submit your redemption request. The price at which your redemption is executed could be higher or lower than DPF's NAV per share at the time you submit your redemption request. Although a stockholder will not know at the time he or she requests the redemption of shares the exact price at which such redemption request will be processed, the stockholder may cancel the redemption request before it has been processed by notifying a customer service representative available on our toll-free, automated telephone line, (888) 310.9352. The line is open on each business day between the hours of 9:00 a.m. and 6:00 p.m. (ET). Redemption requests must be cancelled before 4:00 p.m. (ET) on the redemption date. If the redemption request is not cancelled before the applicable time described above, the stockholder will be contractually bound to redemption of the shares and will not be permitted to cancel the request prior to the payment of redemption proceeds.

A complete copy of the Amended and Restated Class E Share Redemption Program is available on Dividend Capital Diversified Property Fund's website, www.dividendcapitaldiversified.com.

Information regarding stockholder redemption requests may be provided by Dividend Capital Diversified Property Fund to the stockholder's broker of record.

Signature of Investor or Trustee

Signature of Authorized Custodian

Date

Signature of Co-Investor or Trustee, if applicable

**A Medallion Signature Guarantee is required for Investor(s).
A notary public is not an acceptable guarantor.**

**A Medallion Signature Guarantee is required for Authorized
Custodian. A notary public is not an acceptable guarantor.**

Guarantor: Affix signature guarantee here.

Guarantor: Affix signature guarantee here.

Please submit this form to your Custodian for further authorization.

You may mail this completed form to:

Direct Overnight Mail:

Dividend Capital Diversified Property Fund
c/o DST Systems Inc.
430 West 7th Street, Suite 219079
Kansas City, MO 64105

P.O. Box:

Dividend Capital
c/o DST Systems, Inc.
P.O. Box 219079
Kansas City, MO 64121-9079

Dividend Capital Diversified Property Fund Contact Information:

Phone: 866.DCG.REIT (324.7348)

Web Site: dividendcapitaldiversified.com

E-mail: operations@dividendcapital.com

NOT A DEPOSIT / NOT FDIC INSURED / NOT GUARANTEED BY THE BANK / MAY LOSE VALUE / NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY

Brokerage Account Number



Physician Certification Form

The undersigned physician hereby certifies, under penalties of perjury as follows:

1. The undersigned is a physician duly licensed and in good standing to practice medicine in the State of _____.
2. In the course of my medical practice, I have examined _____ for the purpose of determining whether he/she is disabled within the meaning of Section 72(m)(7) of the Internal Revenue Code of 1986, as amended (the "Code") and the regulations promulgated there under.
3. Pursuant to Section 72(m)(7) of the Code, I understand that an individual shall be considered to be disabled if: he/she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. In determining whether an individual's impairment makes him/her unable to engage in any substantial gainful activity, primary consideration shall be given to the nature and severity of his/her impairment. Consideration shall also be given to other factors such as the individual's education, training and work experience. The substantial gainful activity to which Section 72(m)(7) refers is the activity, or a comparable activity, in which the individual customarily engaged prior to the arising of the disability (or prior to retirement if the individual was retired at the time the disability arose).
4. Based upon my medical examination, I certify that, in my professional medical opinion, [INSERT NAME OF PATIENT]: _____
 is disabled within the meaning of Section 72(m)(7) of the Code. This is an initial determination of disability.
 was initially determined to be disabled within the meaning of Section 72(m)(7) of the Code on or as of _____, 20____.

SIGNATURE OF NOTARY

Executed this _____ day of _____, 20_____.

Signature: _____

Signature: _____, M.D.

State of _____)

) ss.

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

by _____.

Witness my hand and official seal.

Signature: _____ Printed Name: _____

My Commission Expires: _____

Please mail this completed form to:

Direct Overnight Mail:
Dividend Capital Diversified Property Fund
c/o DST Systems, Inc.
430 West 7th Street, Suite 219079
Kansas City, MO 64105

P.O. Box:
Dividend Capital
c/o DST Systems, Inc.
P.O. Box 219079
Kansas City, MO 64121-9079

Dividend Capital Diversified Property Fund Contact Information:

Phone: 866.DCG.REIT (324.7348)

Web Site: dividendcapitaldiversified.com

E-mail: operations@dividendcapital.com