



CHANGE OF OWNERSHIP

This form must be used by any current owner (the "Current Owner") in Behringer Harvard Opportunity REIT II, Inc. (the "Program") to transfer ownership of shares of common stock (the "Shares") to a new owner (the "New Owner"). For investors who have multiple investments in separate registrations, one form must be completed for each registration. If this account involves a custodian, forward this form to the custodian for its signature with instructions to return it to the Program as indicated below.

Complete and deliver this form to:

LIGHTSTONE SHAREHOLDER SERVICES

888.808.7348

Regular Mail: P.O. Box 219002 Kansas City, MO 64121-9002 Express/Overnight Delivery: 430 West 7th Street Kansas City, MO 64105

1. TYPE OF OWNERSHIP (Current Owner) Note: Complete either col	umn A or B below, but not both.		
A. Non-Custodial Registration	B. Cus	todial Registration	
 ☐ Individual – One signature required. ☐ Joint Tenants with Right of Survivorship – 		 ☐ Traditional IRA – Owner and custodian signature required. ☐ Roth IRA – Owner and custodian signature required. 	
All parties must sign. ☐ Community Property — All parties must sign. ☐ Tenants in Common — All parties must sign. ☐ S Corporation Registration — Authorized signature required. ☐ C Corporation Registration — Authorized signature required.	 		
Partnership Registration – Authorized signature required.	Other – (Specify):		
☐ Uniform Gift to Minors Act — Custodian signature required. State of ☐ Uniform Transfer to Minors Act —	Custodian Information –	Custodian Information – To be completed by custodian.	
Custodian signature required. State of Estate – Personal representative signature required.	Name of Custodian, Trustee, or other Administrator:		
Qualified Pension Plan – (Non-custodian) Authorized signature required.	Street/P.O. Box:		
Trust – Authorized signature required. Other – (Specify):	City, State, ZIP: Custodian Tax ID #:		
2. CURRENT OWNER REGISTRATION	Custodian Telephone #:		
Name of Owner/Entity:	Tax ID/SS #:	Date of Birth:	
Name of Joint Owner/Trustee:	Tax ID/SS #:	Date of Birth:	
Account #:	E-mail Address:		
Street/P.O. Box:			
City:	State:	ZIP Code:	

3. SHARE TRANSFER/MINIMUM RETAINED INVESTMENT

Medallion Stamp Guarantee

Please note that the minimum transfer from the Current Owner to the New Owner is 200 Shares or, if the Current Owner owns less than 200 Shares, then all such Shares. The Current Owner must transfer all Shares if after the transfer the Current Owner would own less than 200 Shares unless the transfer is due to death or family dissolution.

Reason for Transfer (check one	·):		
Re-registration (nam	e change, individual to	trust, etc).	
Sale to a Third Party \$ paid per sh	are		
Gift Date of Gift:			
		ate and a certified copy of the letters of testamentary or coubmission of this form.	urt appointment of the executor of the
Family Dissolution If this is a qualified a	count, include a certif	ned copy of the Qualified Domestic Relations Order ("QDI	RO") with the submission of this form
Number of Shares Subject to th	is Transfer:		
Number of Shares Retained by	Current Owner:		
Net Sales Proceeds for the Sale	of the Shares: \$	(If no consideration is paid for this transfer	, please insert \$0.00 for net sales proceeds.
Signature of Current Owner		Printed Name of Current Owner	Date
Medallion Stamp Signature Gu	arantee	_	
Signature of Joint Current Own Custodian, or Authorized Perso		Printed Name of Joint Current Owner, Trustee, Custodian, or Authorized Person, if applicable	Date

4. TYPE OF OWNERSHIP (New Owner) <i>F</i>	lease complete either column A	or B below, but not both.
A. Non-Custodial Reg	istration	B. Custodial Registration*
☐ Individual — One signature required. ☐ Joint Tenants with Right of Survival All parties must sign.	·	 ☐ Traditional IRA – Owner and custodian signature required. ☐ Roth IRA – Owner and custodian signature required. ☐ KEOGH Plan – Owner and custodian signature required. ☐ Simplified Employee Pension/Trust (SEP) – Owner and
Community Property – All parties m	_	custodian signature required.
☐ Tenants in Common – All parties mu☐ S Corporation Registration – Author Include the Corporate Resolution Fo	orized signature required.	Pension or Profit Sharing Plan – Owner and custodian signature required.
☐ C Corporation Registration – Author		Other (Specify):Owner and custodian signature required.
Include the Corporate Resolution For Partnership Registration – Authoriz Include the Entity Certification of Investment Powers form.		Custodian Information – To be completed by custodian. Name of Custodian, Trustee or other Administrator:
☐ Uniform Gift to Minors Act –		
Custodian signature required. State		Street/P.O. Box:
Uniform Transfer to Minors Act – Custodian signature required. State	of	City, State, ZIP:
State – Personal representative signature Name of Executor:		Custodian Tax ID #:
Include a copy of the court appoint Qualified Pension Plan (Non-custor Authorized signature required. Include the Trustee Certification of Investment Powers for Pension or C Plans form.	dian) –	Custodian Account #:
Trust – Authorized signature required. Include the Trustee Certification of Investment Powers form.		
Other (Specify):		
*See "Investment by Tax-Exempt Entities an discussion of risks related to an investment in the second secon		he Program's prospectus, as supplemented to date (the "prospectus"), for a pt or tax-deferred plans.
Name of Owner/Entity:	Tax ID/SS #: _	Date of Birth:
Name of Joint Owner/Trustee:	Tax ID/SS #: _	Date of Birth:
Street Address (Required):		
City:	State:	ZIP Code:
Mailing Address (Optional):		
City:	State:	ZIP Code:
Home Phone:	Business Phon	ne:
E-mail Address:	Country of Ci	itizenship:

A. Non-Custodial Registration	B. Custod	ial Registration ————————————————————————————————————
If you fail to select an option or fail to complete the required information below, all non-custodial registration distributions will be sent to the address set forth in Section 5.	If you fail to select an option below, distributions will be sent to the custo	
☐ I elect to participate in the distribution reinvestment plan of the Program.*		oution reinvestment plan of the Program.*
☐ I prefer distributions be paid to me at my address listed in Section 5.	☐ I prefer for distributions be se the Investor.	nt to the custodian for the benefit of
☐ I prefer distributions to be deposited directly into my checking account (please see instructions below and include a voided check).		
☐ I prefer to direct distributions to a party other than the registered owner per my instructions below (please complete all information).		
*Each Investor who elects to have distributions reinvested agrees to notify in writing if at any time he or she fails to meet the applicable suitability s forth in the prospectus and this Subscription Agreement.		
To direct distributions to a checking account please enclose a voided checking electronic deposits to the designated checking account. An auton authority is to remain in force until the Program has received written not Program reasonable time to act. In the event that the Program deposits furthe amount of the erroneous deposit.	nated deposit entry shall constitute the ification of its termination at such tire.	e receipt for each transaction. This ne and in such manner as to give the
To direct distributions (for non-custodial accounts only) to a party of as applicable:	ther than the registered owner, ple	ase provide the following information
Name of Institution/Payee:	Account #:	
Name on Account:		
Street/P.O. Box:		
City:	_ State:	ZIP Code:
7. FINANCIAL ADVISOR Please read and complete the following.		
The broker-dealer or authorized representative must sign below to complet warrants that it is a duly licensed broker-dealer (or non-commission based the New Owner's address or the state in which the sale is to be made, if diff has reasonable grounds to believe this investment is suitable for the New O	financial advisor) and may lawfully of erent. The broker-dealer or authorized	fer the Shares in the state designated as I representative warrants that he or she
Broker-Dealer Name:	Telephone #:	
Broker-Dealer Street/P.O. Box:		
City:	State:	ZIP Code:
Financial Advisor Name:	Telephone #:	
Financial Advisor Street/P.O. Box:		
City:	State:	ZIP Code:
Signature of Financial Advisor	Date	

8. NEW OWNER ACKNOWLEDGEMENT AND AGREEMENT

Medallion Stamp Guarantee

Please carefully read and separately initial each of power of attorney to make such representations on	the representations below. Except in the case of fiduciary accouyour behalf.	nts, you may not grant	any person a
In order to induce the REIT to accept this subscr	ription, I hereby represent and warrant as follows:	New Owner	New Join Owner
(a) I have received the prospectus, and I accept organizational documents of the REIT.	and agree to be bound by the terms and conditions of the		
(ii) a net worth (exclusive of home, home further last tax year or estimate that I will have of	ome furnishings and automobiles) of \$250,000 or more; or rnishings and automobiles) of at least \$70,000 and had during the current tax year a minimum of \$70,000 annual graquirements imposed by my state of primary residence as sandards."	oss et	Initials
(c) I am purchasing the Shares for my own according this investment.	ount, and I acknowledge that there is no public market for	Initials	Initials
(d) I am not an Unacceptable Investor, as such term is defined in the prospectus under "Suitability Standards – Restrictions Imposed by the Patriot Act and Related Acts."		Initials ds	Initials
•	Massachusetts, Oregon, Pennsylvania or Tennessee residen	Initials at,	Initials
(f) If I am a Michigan or Ohio resident, this investment, together with investments in any other sponsored real estate program, does not exceed 10 percent of my liquid net worth.		Initials	Initials
(g) If I am a Kansas resident, I acknowledge that it is recommended that my aggregate investment in Shares and similar direct participation investments should not exceed 10 percent of my liquid net worth, which is			Initials
that portion of my net worth that consists of	f cash, cash equivalents, and readily marketable securities.	 Initials	Initials
I am a U.S. person (including a U.S. resident alien The Internal Revenue Service does not require you backup withholding. NOTICE IS HEREBY GIVEN TO EACH SUBSCRIE	er subject to back-up withholding and (c) except as otherwis). Our consent to any provision of this document other than the SER THAT YOU DO NOT WAIVE ANY RIGHTS YOU MAY TOF 1934 OR ANY STATE SECURITIES LAW BY EXECUTING	certifications required HAVE UNDER THE SI	to avoid
Signature of New Owner	Printed Name of New Owner	Date	
Medallion Stamp Guarantee	_		
Signature of Joint New Owner, Trustee, Custodian, or Authorized Person, if applicable	Printed Name of Joint New Owner, Trustee, Custodian, or Authorized Person, if applicable	Date	