



ADVISORY ONLY CLASS D

DIVERSIFIED INCOME FUND

Please print clearly in CAPITAL LETTERS

The minimum initial investment by a shareholder for Class D shares is \$2,500 for all accounts.

If you have any questions or need any help filling out the application, please call (855) 747-9559.

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1. INITIAL INVESTMENT

- Initial Investment (\$2,500 minimum investment)
Subsequent Investment (\$2,500 minimum investment)

Resource Real Estate Diversified Income Fund \$ _____ Class D (5213)

Third Party checks are not accepted.

2. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C, D or E:

A. INDIVIDUAL OR JOINT (Please check one): *Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

- Individual Joint Account* Other (please specify)

Name Social Security Number Date of Birth

Joint Owner Social Security Number Date of Birth

Citizenship U.S. or Resident Alien Non-Resident Alien (If non-resident alien, investor must submit Form W-8BEN in order to make an investment.)

B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name Custodian's Social Security Number Custodian's Date of Birth

Minor's Name Minor's Social Security Number Minor's Date of Birth

Minor's State of Residence

C. TRUST (Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.)

Trust or Plan Name

Trust Date (mo/day/yr) Employer or Trust Taxpayer Identification Number

Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)

Trustee's Date of Birth (mo/day/yr) Trustee's Social Security Number

Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)

Co-Trustee's Date of Birth (mo/day/yr) Co-Trustee's Social Security Number

D. CORPORATIONS OR OTHER ENTITIES (Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.)

- C Corporation
 S Corporation
 Corporation
 Partnership
 Government Entity
 Other (please specify) _____

If no classification is provided, per IRS regulations, your account will default to an S Corporation.

| | |
|--|--|
| Name of Corporation or Other Business Entity | Tax ID Number |
| Authorized Individual | Social Security Number / / |
| Co-Authorized Individual | Social Security Number / / Date of Birth |

E. QUALIFIED ACCOUNTS

All Qualified Accounts will require a custodian. Please list the custodian's information below. If you do not have a custodian, a default fund custodian will be assigned. Please note custodians may require additional account opening documentation. Please contact the Fund with any questions.

Please list the Custodian information for your account:

Custodian Name

Custodian Address

| | |
|------------------|--------------------------|
| Custodian Tax ID | Custodian Account Number |
|------------------|--------------------------|

Please select the type of the Qualified Account you would like to set up below:

Traditional IRA

- Regular/Annual Contribution _____ Year
 Rollover (from eligible retirement plan) (also complete transfer/rollover form)
 Recharacterization
 SEP IRA
 Employer Contribution
 Employee Contribution _____ Year

Inherited IRA

- Traditional IRA
 Roth IRA
 SEP IRA
 Transfer (from an existing Beneficiary Traditional/Roth IRA) (also complete Transfer/Rollover Form)

Roth IRA

- Regular/Annual Contribution _____ Year
 Rollover (from eligible retirement plan) (also complete transfer/rollover form)
 Conversion
 Recharacterization

Other* _____

* Please note the Fund's default custodian, only offers IRA's types listed above.

3. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

| | |
|------------------|-------------------|
| Street Address | Daytime Telephone |
| City, State, Zip | Evening Telephone |

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

| | |
|-----------------|------------------|
| Mailing Address | City, State, Zip |
|-----------------|------------------|

Email

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be paid as follows; please select one option.

- I choose to have distributions deposited into my LPL brokerage, advisory, or PTC custodial account.
- Please reinvest all dividends and capital gains in shares of the Fund instead of paying them in cash.

5. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor (R.I.A.), please have them complete this section.

Dealer Name / R.I.A.

DEALER HEAD OFFICE / R.I.A.

Representative's Last Name,

First Name

REPRESENTATIVE'S BRANCH OFFICE

Address

Address

City, State, Zip

City, State, Zip

Telephone Number

Rep Telephone Number

Rep ID Number

Email Address

Rep Email Address

Branch ID Number

Branch Telephone Number *(if different than Rep Phone Number)*

6. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

7. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for Resource Real Estate Diversified Income Fund and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Funds outstanding shares.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of owner Date

Signature of joint owner *(or custodian, corporate officer, partner or other)* Date

Trustee *(if applicable)* Date

8. INVESTMENT INSTRUCTIONS

TO CONTACT US:

By Telephone

Toll-free **(855) 747-9559**

Checks should be made payable to "LPL Financial, LLC" and sent together with the completed and signed application.

**LPL Financial, LLC
4707 Executive Drive
San Diego, CA 92121-3091**



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