



## AUTHORIZATION FOR AUTOMATIC DIVIDEND REINVESTMENT PLAN

I hereby authorize Diversified Healthcare Trust (the "Trust") to pay to Equiniti Trust Company ("EQ") for my account all dividends payable to me on common shares of beneficial interest of the Trust ("Shares") now or hereafter registered in my name. I hereby acknowledge that EQ is the administrator of the Dividend Reinvestment and Cash Purchase Plan (the "Plan") and that as administrator, subject to the Terms and Conditions of the Plan in the accompanying brochure, EQ is authorized to apply all such dividends and optional payments to the purchase of Shares of the Trust. The authorization is given with the understanding that I may terminate it at any time by terminating my account under the Plan as provided in such Terms and Conditions.

**All cash dividends will be fully reinvested.**

Optional features: Please check the appropriate box(es).

- Automatic Cash Withdrawal and Investment. (If this option is checked, please complete the reverse side of this card.)
- Cash Investment. Enclosed is a check payable to Shareowner Services for \$\_\_\_\_\_ (Max. \$10,000).
- Safekeeping. Deposit the enclosed \_\_\_\_\_ certificate(s) for safekeeping. **Please see the Plan brochure for instructions.**

10 Digit Account Number:

\_\_\_\_\_  
**PLEASE READ CAREFULLY BEFORE SIGNING  
IMPORTANT – All registered owners must sign**

\_\_\_\_\_  
Shareholder Signature

\_\_\_\_\_  
Shareholder Signature

Date \_\_\_\_\_ 20\_\_\_\_\_

DRP 0120 RS20  
LM

## AUTOMATIC CASH WITHDRAWAL AND INVESTMENT

BANK ACCOUNT NUMBER \_\_\_\_\_

Checking (enclose voided check)       Savings (enclose deposit slip)

ABA/Routing Number\*    \_ \_ \_    \_ \_ \_    \_ \_ \_    \_ \_ \_  
(Number always begins with 0, 1, 2, or 3)

Name of Bank \_\_\_\_\_

I authorize Equiniti Trust Company to withdraw my investment payment electronically from my bank account. This authority remains in effect until I cancel. I have enclosed a voided check or deposit slip.

Please withdraw \$\_\_\_\_\_ per Investment\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*Please contact your bank or financial institution to verify your ABA/Routing number. Electronic withdrawals can only be made from banks or financial institutions operating in the United States. All withdrawals must be made in U.S. funds.*

*\*\*Please refer to Plan Prospectus/Brochure for timing and limits of investments.*