DIVIDEND REINVESTMENT PLAN ENROLLMENT



To Enroll in Sterling Office and Industrial Trust's Dividend Reinvestment Plan ("DRP"), please complete this form.

A.	OWNER IN	NFORMATION			
	Account Name		Computershare Account No.		
В.	DIVIDEND	REINVESTMENT			
	I authorize the automatic purchase of additional Sterling Office and Industrial Trust Shares ("Commo Shares") with all or a portion of my cash dividends indicated below, on all Common Shares that as currently or subsequently registered in my name, as well as on all Common Shares credited to my Pla account ("Dividend Reinvestment")*				
	<u> </u>	0% of Dividends			
		% of Dividends (may not be less th	an 25%)		
C.	DIRECT PU	URCHASES			
	I authorize the purchase of additional Common Shares with the cash contributions indicated below o each dividend payment date ("Investment Date")*				
	I understand I may send checks (up to \$25,000) during the following windows: March 15 to April 10; June 15 to July 10; September 15 to October 10; December 15 to January 10. Deduct \$				
				ay in April, July, October	
	Inc	e \$ (up to \$25,000) from my odustrial Properties, LLLP Account Number fice and Industrial Trust Account Number			

^{*} Shareholders who are residents of any of the following State(s) are not eligible to participate in the Dividend Reinvestment Plan: Arkansas, California. In addition, Shareholders who are residents of New Mexico are eligible to enroll only in the Dividend Reinvestment portion of the Plan. Please check with Computershare as residents of additional states may be restricted in the future. Shareholders who are residents of any foreign country, including Canada, should check with Computershare as additional investments may be restricted in the future.

	any time by notifying Computershare in writing of my desire to terminate my participation.			
	XPrinted Name:	Date:		
	X_ Printed Name:	Date:		
E.	CUSTODIAL SIGNATURE If this account is a custodial account, such as an IRA, contact your custodian. The custodian's signature is required in order to process such requests.			
	XPrinted Name:	Date:		

D. OWNER SIGNATURES (Must be signed by all current registered owners or trustees, executor, administrator, power

I understand my Dividend Reinvestment and Direct Purchases will be made under the terms and conditions of this Enrollment Form, the DRP as described in the Trust's Prospectus and the Plan itself. I further understand I may revoke this authorization at

of attorney, heirs, etc.)

Please return this form to:
Sterling Office and Industrial Trust
Investor Relations
4340 18th Avenue South, Suite 200
Fargo, ND 58103