



GRIFFIN
REALTY
TRUST

REDEMPTION FORM

The date on which we will redeem our shares (the "Redemption Date") will be the last business day of each quarter, provided that the first Redemption Date after announcement of an estimated net asset value ("NAV") will be no less than 10 business days after the announcement of the NAV. Requests for redemption must be received in good order by 3:00 p.m. Central time on the fifth business day before the Redemption Date. Redemption requests received and processed by our transfer agent will be effected at a redemption price equal to most recent published NAV per share of the applicable class of common stock as of the applicable Redemption Date. If a redemption request is not received in time, the redemption order will be carried forward to the next quarter's Redemption Date at the NAV per share applicable to that quarter's redemption, unless such request is withdrawn. Stockholders may withdraw their redemption requests by sending written notice to the transfer agent, provided such notice is received by 3:00 p.m. Central time on the Redemption Date.

If we cannot repurchase all shares presented for redemption in any month because of the limitations on redemptions set forth in paragraph 4 of our Share Redemption Program, then we will honor redemption requests on a pro rata basis, except that if a pro rata redemption would result in a stockholder owning less than \$2,500 of shares, then we will redeem all of such stockholder's shares to the extent there are funds available.

Current Stockholder Information (Please print name in which shares are registered)

Stockholder Name: _____ Co-Stockholder Name: _____

Home Telephone: _____ Business Telephone: _____ E-mail Address: _____

Stockholder Social Security/Taxpayer ID#: _____ Birth Date/Articles of Incorporation (MM/DD/YY): _____

Co-Stockholder Social Security/Taxpayer ID#: _____ Co-Stockholder Birth Date (MM/DD/YY): _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Redemption Request

Account Number: _____ Share Class: _____

Full redemption

Partial redemption

Number of shares _____ OR Dollar amount* _____

Please note this below:

Death – Please provide copy of death certificate.

Qualifying Disability – Please include (1) the investor's initial application for disability benefits and (2) a Social Security Administration Notice of Award, a U.S. Office of Personnel Management determination of disability, or a Veteran's Benefits Administration record of disability-related discharge.

Incapacitation – Please include a state or federal court determination where the investor was declared incompetent or incapacitated post purchase.

*In honoring partial requests based on a dollar amount, we will honor any such request to the nearest full share that yields a dollar amount equivalent to or greater than the partial amount requested.





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Cost Basis Method Selection

On October 3, 2008, the Emergency Economic Stabilization Act, HR1424, became law. This law included provisions of the Energy Improvement and Extension Act of 2008, which require us to provide cost basis reporting information to our stockholders. For cost basis reporting, we have elected to apply as a default a first-in/first-out (FIFO) method. If you wish to have an approved alternate cost basis method apply to shares redeemed pursuant to this request, you may contact us at 800-679-2112, otherwise the FIFO method will apply.

If you wish to select specific share lots that are covered by this redemption request, you must complete the following information (please attach an additional sheet if necessary):

Date Acquired	Number of Shares	Purchase Price
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Redemption Proceeds

Please note that for Qualified Plans or custodial held accounts, redemption proceeds will be sent to the Custodian for deposit into the Custodial account cited in your stockholder record.

For all other accounts, please select an option below.

_____ Redemption proceeds will be paid by check to the address noted in your stockholder record via first class mail.

_____ I would like my redemption proceeds deposited into a checking/savings account. (Please attach a voided check or deposit slip)

Name of Financial Institution: _____

Bank Account Number: _____

Transit/ABA Routing Number: _____

(This number is the first sequence of nine numbers on the bottom of your check or deposit slip for the account)

_____ Checking _____ Savings





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Stockholder Signatures

The undersigned is the owner (or duly authorized agent of the owner) of the shares presented for redemption and, thus, is authorized to present the shares for redemption. The shares presented for redemption are eligible for redemption pursuant to the Griffin Realty Trust, Inc. Share Redemption Program. The shares are fully transferable and have not been assigned, pledged or otherwise encumbered in any way. The undersigned acknowledges that some or all shares presented for redemption may not be redeemed, in accordance with various limitations of the Share Redemption Program, and Griffin Realty Trust, Inc. may need to honor redemption requests on a pro rata basis. The undersigned acknowledges that the per share redemption amount may be less than the amount paid for such shares in accordance with the pricing procedures of the Share Redemption Program. The undersigned hereby indemnifies and holds harmless Griffin Realty Trust, Inc. and its respective officers and directors from and against any liabilities, damages, expenses, including reasonable attorneys' fees, arising out of or in connection with any misrepresentation made herein.

See the complete description of the Share Redemption Program contained in the Company's filings with the Securities and Exchange Commission and available at www.grtreit.com.

Signature of Stockholder or Trustee: _____ Date: _____

Signature of Co-Stockholder or Trustee, if applicable: _____ Date: _____

Signature of Authorized Custodian, if applicable: _____ Date: _____

**A Medallion Signature Guarantee is required for stockholder.
 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 mail completed form to:

Griffin Realty Trust, Inc.

**Regular Mail:
 PO Box 219014
 Kansas City, MO 64121-9014**

**Overnight Address:
 430 W. 7th Street, Suite 219014
 Kansas City, MO 64105-1407**

Toll free information line: 800.679.2112, option 1.

