

OPTIONAL DIVIDEND REINVESTMENT CANCELLATION FORM



HARTMAN
the POWER of
PROVEN RESULTS

HARTMAN INVESTOR SERVICES FORM # 11-05A

Services the following funds:

*HARTMAN SHORT TERM INCOME PROPERTIES XIX, INC *

*HARTMAN SHORT TERM INCOME PROPERTIES XX, INC *

INSTRUCTIONS: Please use this form to cancel an enrollment in Dividend Reinvestment for any of the programs noted above. Should you have any questions, please call 713-586-2645. This form must be signed by the registered account owner(s) to be effective. Please return all completed forms via mail or fax to:

**PHOENIX AMERICAN FINANCIAL SERVICES
2401 KERNER BLVD
SAN RAFAEL, CA 94901
ATTN: ACCOUNT MAINTENANCE**

IMPORTANT NOTE: By completing this form the undersigned below hereby requests their enrollment in the Dividend Reinvestment Program for the Hartman Short Term Income Properties XIX, Inc, as noted at the top of this form, be CANCELLED. Once cancellation is effective, the undersigned below will receive standard cash dividends paid in check form from their asset in the HSTIPXIX program in lieu of Dividend Reinvestment shares. The investor or subscriber may elect to reenroll in the Dividend Reinvestment Program later by resubmitting Hartman Investor Services Form 11-04A. Please allow up to 30 days for changes and termination to become effective. By cancelling the former enrollment the investor may now elect for Direct Deposit as provided by Investor Services Form 11-03. All Dividend Reinvestment share allocations, restrictions, and procedures are fully and solely governed by the Private Placement Memorandum and supplements for the HSTIPXIX fund.

* Please ensure that a valid distribution address is on file with Hartman Investor Services prior to cancellation.*

ACCOUNT DETAILS: (please print or type all blanks – if new subscription please write N/A)

Account Number: _____

Account Name(s): _____

SIGNATURES: (co-owners use both blanks, individual owners only one)

Account Holder Signature: _____ Account Holder Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

Tax-ID: _____ Tax ID: _____

Those signing above hereby attest that they are the registered owner(s) of the account presented for modification and that the information presented herein is accurate. This request will supersede all previous requests and the information contained herein will remain in effect until it is superseded by a later written request. This information will be used solely by Hartman Investor Services and Phoenix American Financial Services as transfer agent for the various Hartman programs as noted above.

All Securities cleared through Allied Beacon Partners, Inc 7501 Boulders View Drive, Suite 601 Richmond, VA 23225
Member NASD SIPC

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