

## **Account Authorization Form**

1-877-838-2877 or outside the U.S. 1-651-450-4064 You may enroll online @ shareowneronline.com

F	am Pleas am	ер	rint	yo	ur	acc	oui	nt n	um	ber	:. D	o N	O	Γcc	mp	olet	e S		ion		ount	Nui	mbe	r:											
	Pleas $\mathbf{Ac}$	e b	egii unt	n b	y c <b>egi</b>	omj str	plet <b>ati</b> e	ting <b>on</b>	Se Cor	ction ple	on ete	$1^{\overline{}}$ be only	elo on	w. e se	ectio	on. I	Prin			in in	CA	PIT	AL I	LET	TEI	RS.									
⊥.	Α.	INI	DIVI	DU	JAL	OR	JO	INT	·AC	CC	1UC	1T -	<u> </u>	wne	r's N	lame	•													_					
																																	Ш		
	Owi	ner's	Soci	al Se	curi	ty N	umb	er (us	ed fo	r tax	repo	orting	)		Ov	vner	's Da	te of	Birt	th		Mont	h		ı	Day				Year					
				_	_			_	- [																<b>'</b> [				/						
	Join	t Ow	ner's	Naı	me	The a	ccou	nt wil	l be r	egiste	ered	'Joint	Tena	nts w	rith R	ights	of Su	ırvivo	rship	" unle	ess re	strict	ed by	appl	icable	e stat	e law	oro	therv	wise ir	ndicat	ted.			
				) [	oint	Tenan	ts wi	th rigi	nts of	surv	ivors	hip	(	$\bigcirc$	Te	nants	in co	ommo	n			Tena	ants l	oy en	tirety			)	Com	munit	ty pro	perty	,		
																									,										
	Loin	t Ow	nor's	Soc	ial S	- Cur	ity N	Numb	or						loi	nt O	lwno	r's Da	ato c	of Riv	th	Mont	-h			L Day			L	Year					
	Join	T	lier's	300	lai 3	ecur	TLY IN	<b>4</b> 011111	Г		_				joi	0	wile	ר ז ט	ate c	, Dir	ιιι Γ	TION			] •	Бау			,			1			
					_																			/				1							
	FO	RT	RAI	NSF	ER	ON	I DI	EAT	HR	EG	IST	RA	ГІО	) N	то	D)	ON	LY -	— в	enefi	ciar	y nar	ne	Bene	ficiar	y can	not l	oe Ov	vner	or Joi	int O	wner.			
																																	Ш		
	В.	GIF	тт	RA	NS	FER	то	1 A	1IN	OR																									
	Cus	todia	ın's N	lame	е																														
	Min	or's l	Nam	е																															
	Min	or's s	Socia	I Ser	Lurit	v Nu	mbe	er (rec	uirec	<i>l</i> )				Min	or's	Date	e of E	Sirth		1 1onth				)ay				Year				ıstod	lian/l	dinor	State
		J. 3 .				, 			]	., 					0. 3	<b>-</b>		J.I. C.I.	Г	Tonc	_	,	· [	-u, 	$\neg$		,	l cui		1		. <b></b> [			Juice
																			L			_	L									L	$\underline{\bot}$		
	<b>c</b> .	TR	US.	T/E	STA	TE		Trust	ee: I	ndivi	dual	or C	rga	nizat	ion I	Nam	e																		
	and	Co-t	ruste	ee's l	Nam	e, if	appli	icable	•																										
	Nan	ne of	Tru	st																															
	For	the l	Bene	fit of	 Г											<u> </u>																			
																														$\overline{}$					
			<u> </u>											<u> </u>	<u> </u>					4 .											Щ 				ř
	Irus	st En	nploy	er Id	ienti	ııcat	ion N	Numb	er		_					vate	of T	rust		1onth	n 	,	· [	Day	$\neg$		,	Year		1	Sí:	tus S	tate		6
			_	-															L			/					,			]	L		$\bot$		

	ORG	GAN	IZAT	ION	OR E	BUS	INE	SS E	ENT	TITY	•	Che	С	Corp	orati	ion		(s): S C pany (					C cla			ners	٠.	( hecl	cing				rietor above	
Nam	e of	Entity										$\bigcirc$	Ot	ther .																				
Empl	oyer	Ident	ificatio	n Nun	nber			_									or S	Social	Sec	urit	y N	uml	er					_				_		
				e a curre													ing to	shared	own	eronl	line.	com.												
																	<u> </u>					_	_	_						$\overline{}$			_	
																														$\perp$				
City																		s	itate	е			Zi	o										
																													] -	_ [				
												-				_					J								J	L				
		ng ado of resi		utside	the U.	S.:						Р	rovi	nce												Ro	utin	g or	pos	stal o	code	<b>.</b>		
Adm	FU I wi	trator <b>LL D</b> sh to	will at PIVID reinve	einves utomat END est all o	ically <b>REII</b> livide	rein <b>IVE</b> nds f	vest a	all yo <b>1EN</b> shar	our d IT	livid (Inte	end: erna	s. F ıl us	or e e on	each nly —	of the	e rei	nves	tment	t op	tion	s be	elow	yoʻ	ı m	ay 1	mak	æ oj	ptio	nal	cash	h in	vest	ment	s at
$\bigcirc$	ΡΔ	RTI∆	ı Di	VIDE	ND I	RFIN	JVF	STN	4FN	IT (	Inte	rnal	l 1156	e onl	v —	RP	·)																	
	I w	sh to	reinve	st divi	dends	fron	n			(f	ullı	num	ber)	) sha	res h	eld	in ph															din	g boo	k-e
(DRS) shares, and from shares held in my Plan account. Dividends on the remaining shares will be paid directly to me in cash.  CASH PAYMENTS ONLY (NO DIVIDEND REINVESTMENT) (Internal use only — RP0)																																		
				all div d in m											ate f	orm	regi	stereo	d in	my	na na	me	inc	udi	ng	boo	k-e	ntry	(D	RS)	sha	ires	and	all (
		eepi	_	0.	,											,				_														
	mon	Stock	certi	ficates	depo	sited	tor s	safek	eepi	ng i	n yo	our a	acco	unt 1	nust	be i	ın the	e sam	e re	egist	trat	on	as y	our	Pla	an a	cco	unt.						
			JMB	ER	OF ICL	n s i	FD									т	ΣТΑ	LN	ıU	MB	BE	R C	) F	SI	<b>-1</b> Δ	D.								
Com	TA RT	L NI	ATE	3 EI	· C L	031																				KI	= 5							
TO CEI	RT	IFIC		se (M				oaya	ble	to S	har	eow	nei	r Sei	vice	es)										- KI	-5							

 $\top$ 

Ï
Ÿ
F
Ճ
5
ž
_

Dank Authorization	II Agreement You may also com	plete this section online by going to	shareowneronline.com.	
O AUTOMATIC ADD	ITIONAL INVESTMENT			
FOR CURRENT SHAREHO automatic deductions of \$_complete the Bank Account	(minimum of \$25.00			ration Common Stock by authorizing om my (our) bank account. (Please
deductions of \$	_ (minimum of \$25.00 and maximu	um of \$250,000.00 per calend unt Information section below	ar year) for a minimum of	mon Stock by authorizing automatic f at least 10 consecutive transactions eck for at least \$250.00 to cover the
the 10th, 25th or both days of after your account is debited.	of each month. The Administrator was . Such deductions and investments	vill invest in Duke Realty Corp will continue until you notify	poration Common Stock be the Administrator to chan	I from your bank account on or abou eginning on the next Investment Date ige or discontinue them. Should you such event, you will be charged a fee
				my (our) bank account and apply d. The authority remains in effec
Automatic Cash Wi	thdrawal and Investme	nt (ACH)		
	nent automatically withdrawn fr	,	gs account provide the	information requested below.
,	•	am of Sample Bank Cl		1
				$\neg$
	Your Name 123 Your Street AnyTown, ST 12345-999		ate 1001	
	Pay to the Order of	***VOID***	\$	
			Dollars	
	Your Bank's Name 123 Your Bank's Street AnyTown, ST 12345-9999			
	1:0910000191:	123456789123	7007	
	Bank ABA/Routing Number	Bank Account Number	Check Number	
Dl	nue my (our) automatic investments	/D		
		`	,	
	change the amount withdrawn from mers sign the form.)	my (our) bank account. (Fill	out the Bank Authorization	on Agreement portion of this section
Your Bank Accoun	t Information			of the Month  If you do not check any box, then the  of the Month  If you do not check any box, then the
Checking Account —				of the Month  10th of the month will be assumed.
Enclose a voided check for verification	Bank or Financial Institution			of the Month
Savings Account — Enclose a deposit slip	ABA/Routing Number* Number ALWAYS begins with 0, 1, 2 or	r 3 Bank or Fina	uncial Institution Account N	lumber
for verification				

Name of Bank or Financial Institution

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

7.

## Account Authorization Signature/Form W-9 Request for Taxpayer Identification Number and Certification (required)

Certification - Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person as defined below.
- 4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (this does not apply to accounts located in the U.S.)

Definition of U.S. Person: For federal tax purposes, you are considered a U.S. person if you are (1) An individual who is a U.S. citizen or U.S. resident alien, (2) A partnership, corporation, company or association created or organized in the United States or under the laws of the United States, (3) an estate (other than a foreign estate), or (4) A domestic trust (as defined in regulation 301.7701-7)

Backup Withholding – The Internal Revenue Service (IRS) requires us to withhold taxes for the applicable rate of federal backup withholding for U.S. persons without a Taxpayer Identification Number (TIN) or without a "certified" number. This withholding of tax is called Backup Withholding and may be applied to disbursements for interest, dividends, broker and barter exchange transactions, royalties, etc. Supplying us with your correct TIN associated with the account on the 1st page of this form, along with the appropriate signature will generally allow you to receive your payments without being subject to backup withholding. Failure to supply your TIN, or supplying us with an incorrect TIN could result in a penalty being assessed by the IRS.

Notification of Backup Withholding – Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

This form must be signed and dated as acceptance for proper certification or it will be returned to the requestor.

NOTICE TO NON-RESIDENT ALIENS, INDIVIDUALS OR FOREIGN ENTITIES (e.g., foreign corporation, partnership or trusts): DO NOT COMPLETE THE ABOVE SUBSTITUTE FORM W-9. COMPLETE W-8 FORM OR APPLICABLE IRS W-8 FORM SERIES LOCATED AT <a href="https://www.irs.gov">www.irs.gov</a> or call 877-838-2877 FOR A COPY OF THE W-8 FORM. COMPLETE AND RETURN THE FORM W-8, CERTIFICATION OF FOREIGN STATUS. FAILURE TO DO SO WILL SUBJECT YOU TO FEDERAL BACKUP WITHHOLDING AT THE CURRENT APPLICABLE RATE.

By completing and signing this form, I (we) certify that I (we) have received and read the Duke Realty Corporation Plan Prospectus and hereby request that, for new shareholders, the above account be enrolled in the Plan, or, for current shareholders, the above account be modified to reflect all the elections made above. I (we) understand that participation is subject to the terms and conditions of the Plan as set forth in the prospectus and that enrollment may be discontinued at any time by automated service or by written notice to Wells Fargo Bank, N.A. I (we) further understand that all dividends paid on the shares registered in my (our) name and held in my (our) Plan account will be reinvested or paid in cash as selected above. I (we) hereby authorize Wells Fargo Bank, N.A. to apply dividends, if applicable, and any investments I (we) may make to the purchase of shares under the Plan.

## MY (OUR) SIGNATURE(S) BELOW INDICATE(S) I (WE) HAVE READ THE DUKE REALTY CORPORATION PLAN PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN. IMPORTANT: ALL JOINT OWNERS MUST SIGN.

The Internal Revenue Service does not require your required to avoid backup withholding.	consent to any provision of this documer	nt other than the certification
Signature of Owner	Date (month, day, year)	$\top$
Signature of Joint Owner (if applicable)	Date (month, day, year)	
Signature of Second Joint Owner (if applicable)	Date (month, day, year)	

Mail completed form to: Wells Fargo Shareowner Services P.O. Box 64856 St. Paul, MN 55164-0856



