



Return via Standard Mail
 CNL Lifestyle Properties, Inc.
 PO Box 219001
 Kansas City, MO 64121-9001

Return via Overnight Delivery
 CNL Lifestyle Properties, Inc.
 430 W. 7th Street, Ste. 219001
 Kansas City, MO 64105-9001

CNL Client Services
 Toll-Free (866) 650-0650
 Fax (877) 694-1116

Transfer Form

one Current Investor (Transferor) Information

Please print name(s) in which shares are currently registered.

*This form must be used to change a SSN/TIN under most circumstances.

Name of Investor/Trustee	Social Security or Tax ID Number*
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Name of Co-Investor/Trustee (if applicable)	Social Security or Tax ID Number*
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Street Address (required)

City	State	Zip Code
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Email Address	Phone Number
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If the transfer is due to a death, please enclose a copy of the death certificate. If there is an executor of the estate, please enclose a copy of the Letters of Administration or court appointment of the executor dated within 90 days of the submission of the transfer forms. If the transfer is due to a divorce, please enclose a copy of the divorce decree.

two Transfer Amount

Important Notice: The issuer has elected the first-in, first-out (FIFO) method as the default for calculating cost basis for covered shares as defined in the product's offering documents. If you have questions or wish to change the cost basis method, please go to the Company website and download the investor change form.

This transfer is for the amount of	shares.
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three Current Investor (Transferor) Signatures

If this account involves a custodian, please forward the transfer forms to the custodian for its signature and Medallion guarantee stamp with instructions to return the forms to the transfer agent, Boston Financial Data Services.

By executing this Transfer Form, the Transferor represents that the transfer is made in accordance with all applicable federal and state securities laws and regulations. The signature(s) to this Transfer Form must correspond with the name(s) in which you hold the shares, in every particular, without alteration or any change whatsoever.

Signature of Current Investor/Trustee - OR - Executor of Estate	Date
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Signature of Co-Investor/Trustee - OR - Custodian	Date
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Medallion Signature Guarantee Stamp

Co-Medallion Signature Guarantee Stamp

four New Investor (Transferee) Information

Please print name(s) in which shares are to be registered. If applicable, please enclose a copy of the trust agreement, articles of incorporation, or other information pertinent to your type of entity. *If this registration is in a Trust, Plan, or Corporation the SSN/TIN used should be associated with the Trust or other (i.e., Corporation) in Section 5.	Name of Investor/Trustee		Social Security or Tax ID Number*
	Name of Co-Investor/Trustee (if applicable)		Social Security or Tax ID Number*
	Street Address (required)		
	City	State	Zip Code
	Email Address		Phone Number

Select one. **Citizenship**

U.S. citizen U.S. citizen residing outside the U.S., Resident Alien

Country _____

Select one. **Backup Withholding:** Subject to backup withholding? YES NO

For Custodial Accounts Only

Name	Tax ID Number
Address	Custodian/Brokerage Acct. Number
City	State Zip Code

five New Investor (Transferee) Form of Ownership

Select one:

Non-Qualified – Single Owner

Individual Individual with *Transfer on Death**

Non-Qualified – Multiple Owners

Joint Tenant with Rights of Survivorship Community Property
 Joint Tenants with *Transfer on Death**

*Requires *Transfer on Death* form that can be found at www.CNLLifestyleREIT.com.

Non-Qualified – Trust

Taxable Trust Tax Exempt Trust

Name of Trust	SSN/TIN
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Other

C Corporation S Corporation Non-Profit Organization Partnership
 Pension Plan Profit Sharing Plan Disregarded Entity Other

Name of Corporation/Plan Name/Estate/Other	Tax ID Number
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Qualified

Traditional IRA ROTH IRA SEP/IRA
 Rollover IRA Beneficial IRA*

*Beneficial IRA Decedent Name _____

Non-Qualified – Minor

Uniform Gift to Minors Act
 State of _____ DOB of Minor _____

Uniform Transfers to Minors Act
 State of _____ DOB of Minor _____

This information should be compliant with the IRS Form W-9 requirements. Please refer to instructions for Form W-9 at IRS.gov.

six Distribution Instructions

Select one.
 Complete this section only to enroll in the Distribution Reinvestment Plan or to direct distribution payments to a party other than the one indicated in Section 4.
 *See prospectus for more details.
 IRA accounts may not direct distributions without the custodian's approval.

Distribution Reinvestment Plan* Direct Deposit (*non-custodian investors only*)
 I authorize Boston Financial Data Services or its Agent (together, "BFDS") to deposit my distribution to my checking or savings account. This authority will remain in force until I notify BFDS in writing to cancel it. In the event that BFDS deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Financial Institution _____
 Address _____
 City _____ State _____ Zip Code _____

Select one.

Checking (*please include a voided check*) Savings Brokerage or other
 Account Number _____ Bank ABA Routing Number _____

seven New Investor (Transferee) Signatures

Medallion Signature
 Guarantee Stamp

A. Substitute IRS Form W-9 Certification:
Under penalties of perjury, I certify that:
 (1) the number shown on this subscription agreement 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 (defined in IRS Form W-9 instructions).
YOU MUST CROSS OUT CERTIFICATION (2) AND CHECK THE "SUBJECT TO BACKUP WITHHOLDING" BOX IN SECTION TWO OF THIS SUBSCRIPTION AGREEMENT 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.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Co-Medallion Signature
 Guarantee Stamp

B. Taxpayer Securities Laws Confirmation (required):
 By executing this transferee form, the transferee represents that the transfer is made in accordance with all applicable federal and state securities laws and regulations.
 Signature of New Investor/Trustee _____ Date _____
 Signature of Co-New Investor/Trustee - OR - Custodian _____ Date _____

eight Financial Advisor or Investor Representative Information

Name of Participating Broker-Dealer or Financial Institution _____
 Name of Financial Advisor(s)/Investor Representative(s) _____ Advisor Number/Team ID _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____