

**1.  
INVESTMENT  
INFORMATION**

Please make all checks\* payable to: **LPL Financial**

Amount of Subscription: \$ \_\_\_\_\_

Investment Type:

- Initial Investment (Minimum Subscription: 250 shares (\$2,500))  
 Additional Investment (Minimum Subscription: 10 shares (\$100) Please complete the information below regarding the previous investment)

State of Sale: \_\_\_\_\_

\* Cash, cashier's checks/official bank checks, temporary checks, foreign checks, money orders, third-party checks, or travelers checks are not accepted.

**2.  
INVESTMENT  
TYPE**

Check one box.

**Non-Qualified**

- |  |   |
|--|---|
| <input type="checkbox"/> Tenants-in-Common <sup>(1)</sup>                        | <input type="checkbox"/> C Corporation <sup>(2)</sup>             |
| <input type="checkbox"/> Joint Tenants with Right of Survivorship <sup>(1)</sup> | <input type="checkbox"/> S Corporation <sup>(2)</sup>             |
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Community Property <sup>(1)</sup>        |
| <input type="checkbox"/> Trust <sup>(2)</sup>                                    | <input type="checkbox"/> Limited Liability Company <sup>(2)</sup> |
| <input type="checkbox"/> Partnership <sup>(2)</sup>                              | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Uniform Gift to Minors Act: State of _____              |   |
| <input type="checkbox"/> Uniform Transfer to Minors Act: State of _____          |   |

**Qualified**

- |   |  |
|---|--|
| <input type="checkbox"/> Traditional (Individual) IRA         | <input type="checkbox"/> Pension or Profit Sharing Plan <sup>(2)</sup> |
| <input type="checkbox"/> Simple IRA                           | <input type="checkbox"/> KEOGH Plan <sup>(2)</sup>                     |
| <input type="checkbox"/> SEP IRA                              | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> ROTH IRA                             |  |
| <input type="checkbox"/> Beneficial as Beneficiary for: _____ |  |

**Information regarding Private Trust Company applies to qualified investors only**
**Custodian Information (To be completed by Custodian)**

Name of Custodian: Private Trust Company Custodian (PTC)

Address: 4707 Executive Drive

City, State, ZIP: San Diego, CA 92121 - 3091

Phone: (800) 877-7210

Custodian Tax ID #: 95-2834236

Custodian Account #: \_\_\_\_\_

By executing this Subscription Agreement, Custodian certifies to the Company that the shares purchased pursuant to this Subscription Agreement are held for the benefit of the Investor named in section 3 of this Subscription Agreement (the "Beneficial Owner"); Custodian agrees to notify the Company promptly, but in any event within 30 days of any change in the names of the Beneficial Owner or the number of shares for which Custodian holds shares; Custodian confirms that the Company is entitled to rely on these representations for purposes of determining the stockholders entitled to notice of or to vote at each annual or special meeting of stockholders of the Company until delivery by the Custodian to the Company of a written statement revoking such representations (provided, however, that any such revocation delivered after the record date or the closing of the stock transfer books of the Company in respect of any annual or special meeting of stockholders, but on or prior to the date of such annual or special meeting of stockholders shall not be effective until after the holding of such annual or special meeting of stockholders of the Company), then each Beneficial Owner (and not Custodian) will be deemed the holder of record for the shares of common stock for purposes of determining the stockholders holding common stock entitled to notice of or to vote at each annual or special meeting of stockholders.

<sup>(1)</sup> All parties must sign.

<sup>(2)</sup> Please attach the trustee certification form or pages of the trust/plan document or corporate resolution, as applicable, which lists the name of trust/plan, trustees or authorized signatures, and dates.

**3. INVESTOR INFORMATION**

Required

Enter the information for the registered owner of the investment here, including Trusts, Partnerships, Corporations, or other entities.

I (we) elect to receive electronic delivery of certain stockholder communications from the Company instead of receiving paper copies through the mail. Such communications may include investor statements, performance updates and other related information. I (we) understand that the Company will send certain communications through the mail as a necessity. I (we) acknowledge that all significant information and materials such as the Prospectus, Prospectus supplements, annual reports and proxy statements are and will be available for viewing and printing via the Company's website at [www.resourceireit.com](http://www.resourceireit.com) I (we) understand that I (we) may revoke this election at any time.

Investor Name/Trust/Entity	SSN/Tax ID	DOB	
Street Address	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
Phone (day)	Phone (evening)		
Email			
<input type="checkbox"/> US Citizen <input type="checkbox"/> US Citizen residing outside of US <input type="checkbox"/> Foreign citizen, country _____			

Secondary Investor/Trustee/Authorized Trader/Entity	SSN/Tax ID	DOB	
Street Address	City	State	ZIP
Mailing Address (if different from above)	City	State	ZIP
Phone (day)	Phone (evening)		
Email			
<input type="checkbox"/> US Citizen <input type="checkbox"/> US Citizen residing outside of US <input type="checkbox"/> Foreign citizen, country _____			

**4. DISTRIBUTION INFORMATION**

Choose one of the following options.

- You must select one of the distribution options below.
- I prefer to participate in the Distribution Reinvestment Plan, as described in the final prospectus.
  - I choose to have distributions deposited into my LPL brokerage, advisory, or PTC custodial account.

Signature of Account Owner: \_\_\_\_\_

If you elect to participate in the Distribution Reinvestment Plan, the Company requests that if at any time you fail to meet the minimum income net worth standards established for the Company as set forth in the prospectus or listed in section 5 of this Subscription Agreement, you will promptly notify the Company in writing of that fact.

**5. INVESTOR SIGNATURES**

To be initialed by all Investors

Please carefully read and separately initial each of the representations below for items 1-5. Only sign items 6-16 if applicable. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf. Net worth should be calculated exclusive of home, home furnishings, and personal automobile. As used below, liquid net worth is defined as that portion of net worth that consists of cash, cash equivalents, and readily marketable securities. In order to induce the Company to accept this subscription, I hereby represent and warrant to you as follows:

**Owner Co-owner**

- \_\_\_ \_\_\_ 1. I have received the final prospectus for the Company before signing the Subscription Agreement.
- \_\_\_ \_\_\_ 2. I have (i) a minimum net worth of at least \$250,000 or (ii) a minimum net worth of at least \$70,000 and a minimum annual gross income of at least \$70,000, and, if applicable, I meet the higher net worth and gross income requirements imposed by my state of primary residence as set forth in the final prospectus under "Suitability Standards."
- \_\_\_ \_\_\_ 3. I acknowledge that there is no public market for the shares and, thus, my investment in shares is not liquid.
- \_\_\_ \_\_\_ 4. I am purchasing the shares for my own account.
- \_\_\_ \_\_\_ 5. I acknowledge that I will not be admitted as a stockholder until my investment has been accepted.
- \_\_\_ \_\_\_ 6. If I am a Kansas or Maine resident, I acknowledge that it is recommended by the office of the Kansas Securities Commissioner and the Maine Office of Securities that Kansas and Maine Investors, respectively, not invest, in the aggregate, more than 10% of their liquid net worth in this and similar direct participation investments.
- \_\_\_ \_\_\_ 7. If I am an Iowa resident, I have (i) a minimum net worth of at least \$350,000 or (ii) a minimum net worth of at least \$100,000 and a minimum annual gross income of at least \$70,000. In addition, I have a net worth of at least 10 times my investment in the Company.
- \_\_\_ \_\_\_ 8. If I am a Kentucky, Michigan, Pennsylvania, Oregon, or Tennessee resident, I have a liquid net worth of at least 10 times my investment in the Company.
- \_\_\_ \_\_\_ 9. If I am a California or North Dakota resident, I have a net worth of at least 10 times my investment in the Company.
- \_\_\_ \_\_\_ 10. If I am a Nebraska resident, I have either (i) a net worth of at least \$100,000 and an annual income of \$70,000, or (b) a net worth of \$350,000. In addition, I have a net worth of at least ten times my investment in the Company.
- \_\_\_ \_\_\_ 11. If I am a New Mexico resident, I have a liquid net worth of at least 10 times my investment in the Company, its affiliates and other similar direct participation programs.
- \_\_\_ \_\_\_ 12. If I am a Nevada resident, I have either: (i) a minimum net worth of \$75,000 and an annual income of \$75,000, or (ii) a minimum net worth of \$500,000. In addition I have a net worth of at least 10 times my investment in the Company.
- \_\_\_ \_\_\_ 13. If I am an Ohio resident, I have a liquid net worth of at least 10 times my investment in the Company, its affiliates and other non-traded real estate investment programs.
- \_\_\_ \_\_\_ 14. If I am a New Jersey resident, I have either (i) a minimum liquid net worth of at least \$100,000 and a minimum annual gross income of not less than \$85,000, or (ii) a minimum liquid net worth of at least \$350,000. In addition, I have a liquid net worth of at least 10 times my investment in the Company, its affiliates and similar direct participation programs.
- \_\_\_ \_\_\_ 15. If I am a Massachusetts resident, I have a liquid net worth of at least 10 times my investment in the Company and other illiquid direct participation programs.
- \_\_\_ \_\_\_ 16. If I am an Alabama resident, I have a liquid net worth of at least 10 times my investment in the Company and its affiliates.

**Taxpayer Identification Number Confirmation (Required):** The Investor signing below, under penalties of perjury, certifies that (i) the number shown on this Subscription Agreement is his or her correct Taxpayer Identification Number (or he or she is waiting for a number to be issued to him or her), (ii) he or she is not subject to backup withholding either because (a) he or she has not been notified by the Internal Revenue Service ("IRS") that he or she is subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified him or her that he or she is no longer subject to backup withholding and (iii) he or she is a U.S. citizen unless otherwise indicated. **NOTE: CLAUSE (ii) IN THIS CERTIFICATION SHOULD BE CROSSED OUT IF THE INVESTOR HAS BEEN NOTIFIED BY THE IRS THAT HE OR SHE IS SUBJECT TO BACKUP WITHHOLDING BECAUSE HE OR SHE FAILED TO REPORT ALL INTEREST AND DIVIDENDS ON HIS OR HER 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.**

X \_\_\_\_\_  
Signature of Investor

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Joint Investor or, for Qualified Plans, of Custodian

\_\_\_\_\_  
Date

**6. BROKER-DEALER AND/OR REGISTERED INVESTMENT ADVISOR**

To be completed by Broker-Dealer or Registered Investment Advisor

The Investor's registered representative ("Registered Representative") of a participating broker-dealer ("Broker-Dealer") or an authorized representative of the Investor's Registered Investment Advisor ("Registered Investment Advisor"), as applicable, must sign below to complete the order. The Registered Representative hereby warrants that he or she and the Broker-Dealer are duly licensed and may lawfully sell shares of common stock in the state designated as the Investor's legal residence. The Registered Investment Advisor represents that such advisor is either registered under the Investment Advisers Act of 1940 or exempt from registration. The Broker-Dealer or Registered Investment Advisor agrees to maintain records of the information used to determine that an investment in shares is suitable and appropriate for the Investor for a period of six years. The undersigned confirms by his or her signature that the Broker-Dealer or Registered Investment Advisor (i) has reasonable grounds to believe that the information and representations concerning the Investor identified herein are true, correct and complete in all respects; (ii) has discussed such Investor's prospective purchase of shares with such investor; (iii) has advised such Investor of all pertinent facts with regard to the liquidity and marketability of the shares and other fundamental risks related to the investment in the shares; (iv) has delivered the final prospectus to such investor; (v) has reasonable grounds to believe that the Investor is purchasing these shares for his or her own account; and (vi) has reasonable grounds to believe that the purchase of shares is a suitable investment for such Investor, that such Investor meets the suitability standards applicable to such Investor as set forth in the final prospectus, and that such Investor is in a financial position to enable such investor to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto. I understand this Subscription Agreement is for Resource Real Estate Opportunity REIT II, Inc.

\_\_\_\_\_  
Name of Registered Representative/Authorized Representative

\_\_\_\_\_  
CRD/IARD Number (if applicable)

X \_\_\_\_\_  
Signature of Registered Representative/Authorized Representative

\_\_\_\_\_  
Rep ID

Registered Representative/Authorized Representative Office Address:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Broker-Dealer/RIA: \_\_\_\_\_

For purchases with **reduced selling commissions**, please designate below:

- RIA purchase    Registered Representative purchase    RRE employee or affiliate purchase\*

\* Reduced purchase price could impact number of shares.

**NOTICE TO BROKER-DEALER/RIA: Only original, completed copies of the Subscription Agreement can be accepted.**

**Checks should be made payable to "LPL Financial" and sent together with completed and signed Subscription Documents.**

LPL Financial, LLC  
4707 Executive Drive  
San Diego, CA 92121-3091