



Initial Purchase Form

Return to: EquiServe Trust Company, N.A.
P.O. Box 43017
Providence, RI 02940-3017

Any questions, please call toll free: 1-888-752-4831

Enrolling in the Plan

I wish to enroll in the Equity Office Properties Trust Dividend Reinvestment and Share Purchase Plan (the "Plan") available to interested investors of Equity Office Properties Trust (the "Company") by making an Initial Investment. To enroll, I may make my initial investment by check or an automatic monthly deduction from my U.S. bank or financial institution. If I enroll by check, I may also authorize automatic deductions for future purchases of shares.

Name(s) of Owner(s)		
Street		
City	State	Zip Code

Check one:

- Enclosed is a U.S. check for \$ _____ (\$250 minimum/\$25,000 maximum) payable to "EquiServe."
- I (We) authorize an automatic monthly electronic deduction of funds from my (our) U.S. bank or financial institution as indicated on the reverse.

Please note any address corrections directly on this form to the left.

Account Registration

Please check one box and provide all requested information. Please print clearly.

Check here if registration desired matches mailing information above. Social Security Number _____

INDIVIDUAL OR JOINT. Joint accounts will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated. Only one Social Security Number is required for tax reporting purposes.

Owner's First Name	M.I.	Last Name	Owner's Social Security Number	Joint Owner's First Name	M.I.	Last Name
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CUSTODIAL. A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Gifts/Transfers to Minors Act in the minor's state of residence.

Custodian's First Name	M.I.	Last Name
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Minor's First Name	M.I.	Last Name	Minor's Social Security Number	Minor's State of Residence
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TRUST. Account is established in accordance with provisions of a trust agreement.

Trustee Name	Name of Trust	Trust Date	Tax ID Number	Beneficiary
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REQUIRED: Daytime Phone: () - _____ **Evening Phone:** () - _____

Dividend Election

Please check one box and provide the requested information

You may choose to reinvest all, a portion or none of the dividends paid on Equity Office Properties Trust common shares registered in your name and held for you under the Plan. If you do not indicate a choice, you automatically will default into the full dividend reinvestment election with all dividends reinvested.

Full Dividend Reinvestment I wish to reinvest all of my common share dividends in additional common shares. I may also make optional cash investments in common shares under the Plan. (You will not receive a dividend check.)

Partial Dividend Reinvestment I wish to have cash dividends on _____ whole common shares reinvested in additional common shares and dividends on the rest of my common shares sent to me in cash. I may also make optional cash investments under the Plan.

Optional Cash Investment Only I wish to make only optional cash investments in common shares under the Plan. (You will receive a dividend check for all shares.)

Signatures

By signing this form, I request enrollment, certify that I have received and read the prospectus describing the Plan and agree to abide by the terms and conditions of the Plan. I hereby appoint EquiServe Trust Company, N.A. as my agent to apply dividends and any investments I may make to the purchase of shares under the Plan. I understand that I may revoke this authorization at any time by notifying EquiServe Trust Company, N.A.

Certification: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Social Security or Taxpayer Identification Number, 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. person (including a U.S. resident alien).

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.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature	Date	Signature	Date
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All joint owners must sign. This form will be rejected if it is not properly signed.

Electronic Funds Transfer

AUTOMATIC INVESTMENT You may authorize automatic monthly deductions from your personal bank or financial institution account. EquiServe Trust Company, N.A. will invest these deductions in Equity Office Properties Trust common shares and credit the account you designate above. To initiate these deductions, please complete the reverse side of this form and check this box. **Your authorized monthly deduction from your bank or financial institution account must be for at least \$25 and cannot exceed \$25,000 per month.**



**Electronic
Funds
Transfer
Application**

Please complete the information below to commence automatic electronic funds transfers from your bank account to purchase additional common shares. Deductions and investments will continue until you notify EquiServe to change or discontinue them. You must notify EquiServe by telephone or written request at least seven (7) business days prior to the optional cash investment due date as defined in the prospectus for any cancellation to be effective. Should your bank account contain insufficient funds to cover the authorized deduction, no investment will occur. In such event, you will be charged a \$25.00 fee by EquiServe Trust Company, N.A. and you may be charged an additional fee by your bank for insufficient funds.

Please note: If you wish to make your initial investment by automatic monthly electronic deductions, you may do so by authorizing a minimum of \$25 per transaction for at least 10 consecutive months. If you wish to authorize automatic deduction for an amount greater than \$25, such deductions must continue until the \$250 initial investment minimum is met. Once the \$250 initial investment minimum is met, you must contact EquiServe to discontinue automatic deductions. Otherwise your automatic deductions will continue.

Please see sample below illustrating where these numbers can be found.

Bank Routing Number (ABA#)

Checking or Money Market

Savings

Bank Account Number

Name on Bank Account (Please Print)

Amount to be Withdrawn

(\$25 minimum, \$25,000 monthly maximum)

I (we) understand that in furnishing the information requested above and by signing this form, I (we) authorize EquiServe to withdraw the specified amount by electronic funds transfer from the financial institution and account indicated. These funds will be used to purchase shares as described in the enclosed prospectus. This authorization form will remain in effect until I (we) submit written revocation or to terminate participation in the plan, and EquiServe has sufficient time to act on that revocation or termination.

Name of Financial Institution

Mailing Address of Financial Institution

City

State

Zip

Signature

Date

Signature

Date

John Smith 123 Your Street Anywhere, USA 12345		63-85 670	0752
		20	
PAY TO THE ORDER OF		\$	<input type="text"/>
		DOLLARS	
YOUR BANK	000-001 123 Main Street Anywhere, USA 12345		
FOR	SAMPLE (NON-NEGOTIABLE)		
⑆063000047⑆		1234567890⑈	
0752			

Bank Routing Number (ABA#)

Bank Account Number

Check Number
(Do not include as part of your
Bank Account Number)