

BENEFICIAL OWNER ELECTION FORM

The undersigned acknowledge(s) receipt of your letter and the enclosed materials relating to the grant of non-transferable dividend rights (the "Dividend Rights") to receive a special dividend, if and when declared, consisting of such number and designation of BIG Token, Inc., a Delaware corporation, securities ("Special Dividend") as determined by the Management of Social Reality, Inc. ("Company"). BIG Token, Inc. is a wholly owned subsidiary of the Company.

With respect to any instructions to elect to receive the Special Dividend, the undersigned acknowledges that this form must be completed and returned prior to the election expiration time that will be described upon the announcement and declaration of the Special Dividend, when and if declared ("Election Expiration").

This will instruct you whether to elect to receive the Special Dividend with respect to the Dividend Rights held through you as broker, dealer, custodian bank or other nominee for the account of the undersigned, pursuant to the terms and subject to the conditions set forth in the prospectus to be filed with the United States Securities and Exchange Commission prior to the issuance of the Special Dividend ("Prospectus"), and the related "Instructions as to Use of Social Reality Rights Certificates."

I (we) hereby instruct you as follows:

(CHECK THE APPLICABLE BOXES AND PROVIDE ALL REQUIRED INFORMATION)

Box 1. Please Elect to receive the Special Dividend with regard to all the Dividend Rights.

Box 2. Please Elect to receive the Special Dividend with regard to _____ Dividend Rights (insert 0 if you do not wish to receive a Special Dividend.

I (we) on my (our) own behalf, or on behalf of any person(s) on whose behalf, or under whose directions, I am (we are) signing this form:

- irrevocably elect to receive the Special Dividend with regard to the number of Dividend Rights indicated above upon the terms and conditions specified in the Prospectus; and

Name of beneficial owner(s): _____

Signature of beneficial owner(s): _____

If you are signing in your capacity as a trustee, executor, administrator, guardian, attorney-in-fact, agent, officer of a corporation or another acting in a fiduciary or representative capacity, please provide the following information:

Name: _____

Capacity: _____

Address (including Zip Code): _____

Telephone Number: _____