



AEI Fund Management, Inc. ■ AEI Trust Advisors and its affiliates
■ 1300 Wells Fargo Place ■ 30 E. Seventh Street ■ St. Paul, MN 55101
Phone: (800) 328-3519 ■ fax: (651) 227-7705 ■ email: InvestorServices@aeifunds.com

RE-REGISTRATION INSTRUCTIONS

Re-registration due to death:

- ◆ Please provide AEI with a photocopy of the death certificate.
- ◆ The request must be signed by one of the following:
 - the surviving owner
 - the Executor or Personal Representative of the Estate (please provide AEI with a copy of the Letter of Testamentary or other paperwork showing the appointment)
- ◆ If the units are being split between multiple beneficiaries, please provide the *New Registration Information* for each heir. Please also note the number of units or the percentage that each heir should receive. You may use the back of the form or attach additional pages as necessary.

Name/ Title change:

- ◆ Please provide AEI with a photocopy of a legal document reflecting the new name. Examples include a marriage or divorce certificate. For DST Corporate registrations AEI requires amended entity docs.

Adding a joint owner:

- ◆ AEI requires signatures by both the current owner and the new owner.

Removing a joint owner:

- ◆ If one of the owners has passed away, please see the instructions for *Re-registration due to death*.
- ◆ AEI requires either:
 - signatures by all current owners or
 - a photocopy of paperwork showing that the units have been awarded to one of the owners

Re-registration into a trust:

- ◆ The *New Registration* line should include the title of the trust, the name(s) of the trustee(s) and the date of the trust.
- ◆ Please provide AEI with a photocopy of the first and last pages of the trust, along with any pages that list trustees or successor trustees.

Transfer on Death (TOD) registration:

- ◆ Please download a TOD form from AEI's website.

IRA or Other Custodial Accounts:

- ◆ Please download a Secondary Sale / IRA Custodial Transfer form from AEI's website.

Important information regarding account types and signature requirements:

- ◆ One signature required for the following account types: Individual, Community Property
- ◆ All signatures required for the following account types: Joint Tenants With Right of Survivorship (JTWS), Tenants in Common (TIC), Tenants By The Entirety (TBE)
- ◆ Authorized signature(s) required for the following account types: Trust, Estate, Corporate, Partnership, LLC, Pension or Profit Sharing Plan, Uniform Gift to Minors Act (UGMA)
- ◆ In the *Signature* section: For verification purposes, please be sure to include the last 4 digits of each Social Security Number if there are multiple owners / signatures.



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RE-REGISTRATION REQUEST

Please return this form, along with any relevant documentation as described on the previous page, to AEI Investor Services at the mailing address above. If you have any questions, please call 800-328-3519 and ask for Investor Services.

Date: _____

Current Registration Information:

Investor ID Number: _____ Fund/ DST Name(s): _____

Current Registration: _____

Current SSN(s) /EIN/ TIN: _____

Reason for Transfer: Death Name Change Add/Remove Joint Owner
 Trust Gift Other _____

Signature: _____ Last 4 digits of SSN: _____

Signature: _____ Last 4 digits of SSN: _____

New Registration Information:

New Registration: _____ Number of Units

Account Type: Individual JTWRs Community Property TIC
 TBE Trust Corporation Partnership LLC
 UGMA Estate Pension / PSP Other _____

New SSN(s) / EIN/ TIN: _____

Address Line 1: _____

Address Line 2: _____

City, State & Zip: _____

Telephone: _____ Email: _____

Signature: _____ Last 4 digits of SSN: _____

Signature: _____ Last 4 digits of SSN: _____

Financial Advisor Information

Name: _____ Broker Dealer: _____

Office Address: _____

Telephone: _____ Email: _____

Distribution Information

If you would like your distribution checks mailed to separate address, please complete this section. If there is no change to the distribution address, or if your checks are mailed to your residential address, please leave this section blank.

Financial Institution Name: _____

Address Line 1: _____

City, State & Zip: _____

Account Number: _____ Telephone: _____

For ACH please provide the additional details below:

Checking Savings Other

Bank Routing #: _____

**PLEASE STAPLE VOIDED CHECK OR
PHOTOCOPY OF VOIDED CHECK HERE**