

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

ADDRESS CHANGE AUTHORIZATION

You may return this form by mail, fax or as an email attachment. Our address, fax number and email address are listed above. If you have any questions, please call 800-328-3519 and ask for Investor Services.

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

Investor ID Number:	Fund/ DST Name(s):
Name(s):	
Email Address:	
Date:	
	Last 4 digits of SSN:
Signature:	Last 4 digits of SSN:
	ange your home address, please complete this section. If you are ould like your distribution checks mailed, please leave this section
Address Line 1:	
City, State & Zip:	
	ion (for AEI distribution checks): ks mailed to separate address, please complete this section. If dress, or if your checks are mailed to your residential address,
Bank Name:	
City, State & Zip:	
Account Number:	
	nic deposit and would like to change your bank or account wing section and also return a voided check with this form.
Checking Savings	Other PLEASE STAPLE VOIDED CHECK OR

Bank Routing #:

PLEASE STAPLE VOIDED CHECK OR PHOTOCOPY OF VOIDED CHECK HERE