



## RE-REGISTRATION INSTRUCTIONS

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### 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, Brokerage or Other Custodial Accounts:

- ◆ Please download a Custodial or Brokerage Re-registration form, a Custodial or Brokerage to Non-Custodial or Brokerage Reg-registration form or a Non-Custodial or Brokerage to Custodial or Brokerage Re-registration 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.

### DST registration:

- ◆ Additional Forms required. Please contact Investor Services for assistance.



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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: \_\_\_\_\_ 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 Professional Information:

Name and Broker Dealer: \_\_\_\_\_

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

E-mail and Telephone: \_\_\_\_\_

### New Financial Institution Information (for AEI distribution checks):

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.

Bank Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_

If you would like to set up automatic deposits, please continue to the following section and also return a voided check with this form. You may also download an ACH Form from our website.

Checking  Savings  Other

Bank Routing #: \_\_\_\_\_

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