



Investor Profile Change Form

Please complete the appropriate section and return to:

AEI Fund Management, Inc.

Investor Services Department

1300 Wells Fargo Place, 30 East Seventh Street | St Paul, MN, 55101

Phone: 800-328-3519 | Fax: 651-227-7705 | Email: InvestorServices@aeifunds.com

PLEASE PROVIDE YOUR CURRENT INFORMATION - REQUIRED

Date _____ Name of Registration _____
 Investor ID _____ Fund/DST Name _____
 Phone Number _____ Cellphone Number _____
 Email Address _____

SECTION A: TYPE OF CHANGE

Check One: Name/Email/Phone Financial Professional Address Change/Distribution Consent Consent to Electronic Delivery

SECTION B: NAME / EMAIL / PHONE NUMBER CHANGE

PREVIOUS: First Name _____ Middle Name _____ Last Name _____
***NEW:** First Name _____ Middle Name _____ Last Name _____
 Email Address _____ Phone/Cellphone Number _____

** Please include legal supporting documentation for your name change.*

SECTION C: FINANCIAL PROFESSIONAL CHANGE

New Financial Professional Name _____
 Broker-Dealer/Company Name _____
 Address _____
 Phone Number _____ Email Address _____

SECTION D: ADDRESS / DISTRIBUTION CHANGE

New Residential Address:

If you have moved and would like to change your home address, please complete this section. If you are changing only the address where you would like your distribution checks mailed, please leave this section blank.

New Address _____
 City _____ State _____ Zip _____

Continued on next page



New Financial Institution Information (for AEI Distribution Checks):

If you would like your distribution checks mailed to a 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.

Account Holder Name _____

Bank Name _____

Bank Address _____

Bank Phone Number _____ Bank Account Number _____

*To set up or initiate **electronic deposit** please complete the information below and return a voided check with this form. I authorized AEI Fund Management, Inc., and Fidelity Bank to initiate electronic entries to my account. This authority will remain in effect until I notify AEI in writing to cancel it in such time as to afford AEI a reasonable opportunity to act on it.*

Checking Savings Other Bank Routing Number _____

Bank Account Number _____

Automatic Deposit Distribution Consent:

_____ I have reviewed the automatic distribution deposit disclosure.

Initial

SECTION E: CONSENT TO ELECTRONIC DELIVERY

Electronic Delivery Consent: _____ I have reviewed the consent to electronic delivery disclosure

Initial

Email _____

By signing, you consent to the electronic delivery of periodic reports. Information will be accessed by the AEI website, investor web portal, or by email to the investor. Communications available electronically include, but are not limited to:

- Quarterly Investor statements containing condensed financial statement (via investor web portal)
- Copy of most recent tax form (via investor web portal)
- Annual reports that contain audited financial statements (via investor web portal)

If you elect to receive Fund information and reports electronically, you will not receive paper copies of your quarterly statements or annual report unless you later revoke your consent. Please note that the tax form will continue to be mailed in February of each year. You may revoke your consent and receive paper copies at any time by notifying AEI in writing at AEI Investor Services, 1300 Wells Fargo Place, 30 East Seventh Street, St. Paul, MN 55101. If you agree to accept reports electronically, please provide your email address.

By electing electronic delivery, I understand that I may incur certain costs associated with accessing, downloading, and printing communications, that I may be required to download software to read documents delivered or made available in electronic format, and that electronic delivery involves risks related to system networking outages that could impair timely receipt of or access to communications.

SECTION F: SIGNATURES - REQUIRED

Everything I/we have stated in this account change form is true and correct to the best of my/our knowledge.

Date _____

Print Name _____

Print Name _____

Signature _____

Signature _____

FOR OFFICE USE ONLY:	Date of processing _____	Initials of processor _____
	<input type="checkbox"/> File Maintenance Completed	<input type="checkbox"/> System Note