



# Authorization For Automatic Deposits (ACH) / Electronic Delivery

Please complete 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

Investor ID Number: \_\_\_\_\_

Name of Registration: \_\_\_\_\_

Fund/DST Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTOMATIC DEPOSIT DISTRIBUTION CONSENT:**

*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 Scale 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.*

\_\_\_\_\_ *I have reviewed the automatic distribution deposit disclosure.*

Initial

**CONSENT TO ELECTRONIC NOTIFICATION OF REPORTS (GO PAPERLESS!)**

*Information will be accessible through AEI's investor web portal. Communications available include, but are not limited to quarterly statements, tax forms and distribution history. You may revoke your consent for electronic notification at any time by notifying AEI in writing via email to investorservices@aeifunds.com or mail at 1300 Wells Fargo Place, 30 East Seventh Street, St. Paul, MN 55101.*

*By electing electronic notifications, 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 investment communications.*

**Electronic Notification Consent:**

\_\_\_\_\_ *I have reviewed the consent to electronic delivery disclosure.*

Initial

**NEW FINANCIAL INSTITUTION INFORMATION:**

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

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Bank Account Type:  Checking  Savings  Other

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

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

Bank Phone: \_\_\_\_\_

**INVESTOR SIGNATURE(S):**

Signature: \_\_\_\_\_ Signature (Joint Owner): \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_