



Investor Profile Change Form

Complete the appropriate section(s) 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

PROVIDE YOUR CURRENT INFORMATION - REQUIRED

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

SECTION A: TYPE OF CHANGE

Check One: Name/Email/Phone Financial Professional Address Change/ Distribution Change 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: _____ Phone/Cellphone: _____

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

SECTION C: FINANCIAL PROFESSIONAL CHANGE

New Financial Professional Name: _____
 Broker-Dealer/Company Name: _____
 Address: _____
 City, State & Zip: _____
 Phone: _____ Email: _____
 Name(s) of authorized personnel: _____

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: _____

Check this box to have distribution checks sent to the residential address



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.

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

Bank Account Type: Checking Savings Other

Bank Address: _____

City, State & Zip: _____

Bank Phone: _____

To set up or initiate **automatic electronic deposit**, provide the Bank Routing and Account numbers. 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.

Automatic Deposit Distribution Consent:

_____ I have reviewed the automatic distribution deposit disclosure.
Initial

SECTION E: CONSENT TO ELECTRONIC NOTIFICATION OF REPORTS (GO PAPERLESS!)

Email: _____

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

SECTION F: INVESTOR SIGNATURE(S) - REQUIRED

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

Signature: _____ Signature (Joint Owner): _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

FOR OFFICE USE ONLY:

Date of processing: _____ Initials of processor: _____

File Maintenance Completed System Note Fund: _____ ID Number: _____