



Request to Reissue Distribution Check(s)

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

AEI's distribution checks do not have an expiration date. If your bank will not accept the check, please return it to AEI along with this form. You may also use this form if you no longer have the original check(s).

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

Name(s): _____

Address: _____

City, State & Zip: _____

Phone: _____ Email Address: _____

I understand that if I find any outstanding distribution checks that have already been replaced, I should return them to AEI. If I cash both the original distribution check and the replacement check, I understand that I will be responsible for immediately reimbursing AEI for the amount of the twice cashed check.

Signature: _____ Signature (Joint Owner): _____

Date: _____

Dates of Checks to be Reissued:

*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

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

Bank Account Type: Checking Savings Other

Bank Address: _____

City, State & Zip: _____

Bank Phone: _____