

Custodial/Brokerage Re-Registration Request

For IRA, Brokerage or Qualified Plans contact the Custodian for additional instructions. This form is required to be signed and Medallion signature guaranteed by the Custodian prior to being submitted to AEI. Return this form to AEI Investor Services by mail, email or fax. If you have any questions, please call 800-328-3519 and request to speak with Investor Services. For investments being transferred from one custodian to another, a \$50.00 transfer fee is required. A check should be made payable to "AEI Fund Management, Inc." and mailed to the address listed below.

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

CURRENT REGISTRATION INFORMATI	ON:				
Investor ID Number:	Fund	I/DST Name:			
Current Registration:					
	□ Name Change □ Add/Remove Jo	oint Owner	☐ Trust	☐ Gift	☐ Add/Remove Custodian
INVESTOR SIGNATURE(S):					
Signature:	Signo	ature (Joint O	wner):		
Print Name:	Print	Name (Joint (Owner):		
FOR CURRENT CUSTODIAL/BROKERA	GE ACCOUNTS: (Required only if the investmen	nt is currently l	being held in a	Custodial or B	rokerage account)
Contact your IRA, Brokerage or Qualified being submitted to AEI.	ed Plan Custodian for additional instructions. Th				
Custodian Name: Custodian Medallion signature guarantee stamp:					ee stamp:
Custodial/Brokerage Account Number:					
Custodian Signature:					
Printed Name:					
Date:					
NEW REGISTRATION INFORMATION:					
All units to be re-registered:	Yes □ No	If no. s	pecify number	of units:	
•					
•	d direct with AEI Fund Management, Inc.):				
☐ Individual ☐ Community Property ☐ Partnership (b) ☐ Other:	☐ Joint Tenants with Right of Survivorship☐ Revocable Trust (a)☐ Limited Liability Company (b)			nts in Common pration (b)	
Account Type (If investment is to be hele	d in a Custodial or Brokerage account):				
behalf of the trust/plan.	☐ Joint Tenants with Right of Survivorship ☐ Revocable Trust (a) ☐ Limited Liability Company (b) ☐ Traditional (Individual) IRA ☐ KEOUGH Plan (a) ration or pages from the trust agreement/plan which provides the name as and evidence of authority for the person who executes this form.		☐ Tenants in Common ☐ Irrevocable Trust (a) ☐ Corporation (b) ☐ Pension or Profit-Sharing Plan (a) ☐ Other: ☐ the trust and the trustees authorized to sign on the		
New SSN(s)/EIN/TIN:					
City/State/Zip:					
Phone:					



CONSENT ELECTRONIC NOTIFICATION OF REPORTS (GO PAPERLESS!):					
I consent to electronic notification of reports and hav	e read the disclosure.				
DISTRIBUTION INFORMATION:					
For investments held in a Custodial/ Brokerage account, payments are required to	be sent to the Custodian.				
☐ Send Distribution by Automatic Deposit (complete the information below).					
Account Type (check one): $\ \square$ Checking $\ \square$ Savings	□ Other				
Name of Financial Institution:					
ABA Routing Number:					
Account Number:					
	nk to initiate electronic entries to my account. This authority will remain in me as to afford AEI a reasonable opportunity to act on it.				
☐ Mail Distribution check to the Custodian/Brokerage account or an alternative	e Financial Institution (complete information below).				
Account Type (check one):					
Name of Custodian or Financial Institution:					
Mailing Address:					
Account Number:					
☐ Mail Distribution check to the residential address listed above					
FINANCIAL PROFESSIONAL INFORMATION (OPTIONAL):					
Name:					
Broker/Dealer/Company Name:					
Address:					
City/State/Zip:					
Phone:	Email:				
Authorized Personnel:					
INVESTOR SIGNATURE(S):					
Signature:	Signature (Joint Owner):				
Print Name:	Print Name (Joint Owner):				
Date:	Date:				
FOR NEW CUSTODIAL/BROKERAGE ACCOUNTS: (Required only if the investment	is to be held in a Custodial or Brokerage account)				
Contact your IRA, Brokerage or Qualified Plan Custodian for additional instruction being submitted to AEI.	s. This form must be signed and Medallion signature guaranteed by the Custodian prior to				
Custodian Name:	Custodian Medallion signature guarantee stamp:				
Custodial/Brokerage Account Number:					
Custodian Signature:	_				
Printed Name:	_				
Data:					