



AEI Fund Management, Inc. ■ 1300 Wells Fargo Place ■ 30 E. Seventh Street ■ St. Paul, MN 55101
 phone: (800) 328-3519 ■ fax: (651) 227-7705 ■ email: clientservices@aeifunds.com

ADDRESS CHANGE AUTHORIZATION

You may return this form by mail, fax or as an email attachment. Our address, fax number and email address are listed above. If you have any questions, please call 800-328-3519 and ask for Client Services.

Investor ID Number: _____ Fund(s): _____

Name(s): _____

Email Address: _____

Date: _____

Signature: _____ Last 4 digits of SSN: _____

Signature: _____ Last 4 digits of SSN: _____

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.

Address Line 1: _____

Address Line 2: _____

City, State & Zip: _____

Telephone: _____

New Financial Institution Information (for AEI distribution checks):

If you would like your distribution checks mailed to 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: _____

Address Line 1: _____

Address Line 2: _____

City, State & Zip: _____

Telephone: _____

Account Number: _____

If you have previously set up electronic deposit and would like to change your bank or account information, please continue to the following section and also return a voided check with this form. If you would like to set up electronic deposit for the first time, please download an ACH Form from our website.

___ Checking ___ Savings ___ Other

Bank Routing #: _____

**PLEASE STAPLE VOIDED CHECK OR
PHOTOCOPY OF VOIDED CHECK HERE**