



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

RE-REGISTRATION INSTRUCTIONS

Re-registration due to death:

- ◆ Please provide AEI with a photocopy of the death certificate.
- ◆ The request must be signed by one of the following:
 - the surviving owner
 - the Executor or Personal Representative of the Estate (please provide AEI with a copy of the Letter of Testamentary or other paperwork showing the appointment)
- ◆ If the units are being split between multiple beneficiaries, please provide the *New Registration Information* for each heir. Please also note the number of units or the percentage that each heir should receive. You may use the back of the form or attach additional pages as necessary.

Name change:

- ◆ Please provide AEI with a photocopy of a legal document reflecting the new name. Examples include a marriage or divorce certificate or a photocopy of the front of your new driver's license.

Adding a joint owner:

- ◆ AEI requires signatures by both the current owner and the new owner.

Removing a joint owner:

- ◆ If one of the owners has passed away, please see the instructions for *Re-registration due to death*.
- ◆ AEI requires either:
 - signatures by all current owners or
 - a photocopy of paperwork showing that the units have been awarded to one of the owners

Re-registration into a trust:

- ◆ The *New Registration* line should include the title of the trust, the name(s) of the trustee(s) and the date of the trust.
- ◆ Please provide AEI with a photocopy of the first and last pages of the trust, along with any pages that list trustees or successor trustees.

Transfer on Death (TOD) registration:

- ◆ Please download a TOD form from AEI's website.



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RE-REGISTRATION REQUEST

Please return this form, along with any relevant documentation as described on the previous page, to AEI Client Services at the mailing address above. Please be advised that we are unable to accept a faxed copy of this form. If you have any questions, please call 800-328-3519 and ask for Client Services.

Investor ID Number: _____ Fund(s): _____

Current Registration: _____

Date: _____

Signature: _____ Last 4 digits of SSN: _____

Signature: _____ Last 4 digits of SSN: _____

New Registration Information:

New Registration: _____

New SSN(s): _____

Address Line 1: _____

Address Line 2: _____

City, State & Zip: _____

Telephone: _____

Email Address: _____

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**