



Return to:
 CNL Client Services
 PO Box 219001
 Kansas City, MO 64121-9001

Overnight Delivery
 CNL Client Services
 430 W. 7th Street, Ste. 219001
 Kansas City, MO 64105-9001

CNL Client Services
 Toll-Free 866 650-0650
 Fax 877 694-1116

Investor Change Form

Instructions

All pages must be completed for instructions to be acceptable and valid.

This form must be received 30 days prior to the next distribution payable date.

Sections 1 and 8 must be completed for all requested changes.

To obtain additional forms:

Investors should contact their financial advisor.

Financial Advisors may access forms online through a secure login process at www.cnlsecurities.com.

Please contact your custodian for the following changes on qualified accounts:

Change of custodian for a qualified account, such as an IRA.

Change of distribution destination, such as a custodian account number change.

This form may be used to make the following changes:

- Section 2: Change or correction of address of record
- Section 3: Add an alternate address where duplicate tax and/or distribution statements may be sent
- Section 4: Change the Cost Basis method of computation for covered shares
- Section 5: Change Distribution instructions for non-qualified accounts
Change of Distributions for qualified accounts such as an IRA, please contact your custodian (except to remove DRP)
- Section 5: Terminate participation in the Distribution Reinvestment Plan (qualified and non-qualified accounts)
Distributions for qualified and brokerage accounts will be sent to the custodian
- Section 6: Add or change a Power of Attorney
- Section 6: Add or change Trustee for a Trust or Perpetual Entity (e.g. Corporation, Pension or Profit Sharing Plan) **Note:** only if the Trust name and/or SSN/TIN are *not* changing; **must be signed by investor(s)**
- Section 6: Change name due to divorce or marriage; **must be signed by investor(s)**
- Section 7: Change Financial Advisor; **must be signed by investor(s)**

Forms required to make the following changes:

- Change of Ownership or Change of SSN/TIN: Transfer forms for applicable product(s)
- ReSale (trade of shares where money is exchanged): Secondary Sale Transfer forms for applicable product(s)
- Beneficiary Designation: Transfer on Death form (Individual and Joint Tenant WROS accounts only)
- Participate in Dividend Reinvestment: Dividend Reinvestment Plan form (qualified and non-qualified accounts)
- Redemption Request: Redemption form for applicable product(s)
- Change in Redemption Request: Redemption Change form for applicable product(s)



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one	Registration Name(s) on Account	
Required For All Changes. Please type or use BLOCK letters. Locator I.D. may be found on distribution statement.	Investor Name/Trustee	Social Security Number/TIN
	Co-Investor Name/Trustee <i>(if applicable)</i>	Social Security Number/TIN
	Locator I.D. <i>(optional)</i>	
<input type="checkbox"/> Check if changes for multiple Social Security Number/TIN		

two	Address of Record Change		
Mailing Address			
City		State	Zip Code
Phone Number		Fax	
Email			

three	Alternate Address		
Direct the following to this address in addition to the address of record.	<input type="checkbox"/> Send a duplicate of all mailings to the alternate address indicated below.		
	<input type="checkbox"/> Mail a duplicate tax statement (K-1, 1099) to the alternate address indicated below.		
	Name		
	Mailing Address		
	City		State
Phone Number		Fax	
Email			

four	Cost Basis Method of Computation	
The issuer has elected the first-in, first-out (FIFO) method as the default for calculating cost basis for covered shares. This method will determine the gain or loss on the sale as well as the cost basis for the shares as defined in the product's offering documents.		
Select one.	<input type="checkbox"/> First-in, First-out (FIFO)	<input type="checkbox"/> Last-in, First-out (LIFO)
	<input type="checkbox"/> Average Cost	<input type="checkbox"/> Specific Share Identification (SSI)



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five Change of Distribution Instructions

Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.

- Send a check to the address of record
- Terminate participation in the Distribution Reinvestment Plan
- Mail distributions to the Financial Institution indicated below
- Directly deposit distributions to the account indicated below
 - Savings Checking* Brokerage/Other**

*Attach a **voided check** (A Deposit Ticket does not contain the required ACH information).

**If applicable, attach instructions from your Financial Institution.

Financial Institution Information

Financial Institution

FBO

Mailing Address

City	State	Zip Code
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Phone Number	Fax
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Required for Direct Deposit.

Routing Transit Number (RTN/ABA#)

Required.

Account Number

Boston Financial Data Services or its named agent (hereinafter referred to as "BFDS") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until BFDS has notified me/us that this deposit service has been terminated. In the event that BFDS deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

six Change of Power of Attorney/Trustee/Name

Important Notice: Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Please remember to make changes to Address, Distribution Instructions or Financial Advisor, if applicable.

Add or Change Power of Attorney to:

Add or Change Trustee Name to; **must be signed by investor(s):**

Change Name to; **must be signed by investor(s):**



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seven Change of Financial Advisor or Investor Representative

Must be authorized by signature of the investor(s).

Please remember to make changes to Distributions, Section 5 if applicable.

New Broker-Dealer or Financial Institution Name		
New Financial Advisor/Investor Representative Name(s)		Advisor Number/Team ID#
Mailing Address		
City	State	Zip Code
Phone Number	Fax	
Email		

eight Required Signatures

Select One.

Sections 6 and 7 must be authorized with the signature of the Investor(s) and/or Custodian.

- I/we authorize information to be changed on **all** investments recorded under the above-referenced SSN/TIN
- I/we authorize information to be changed on **only the following:** *registration, ownership type and/or product name*

Product Name

Financial Advisor/Investor Representative signature indicates representation that he/she is authorized to make changes on behalf of the investor(s).

Required Signatures – All Investors or Authorized Representative(s)

Signature of Owner/Trustee	Date
Signature of Co-Owner/Trustee or Custodian	Date
Signature of Financial Advisor/Investor Representative	Date

Medallion Stamp Signature Guarantee is required only when the custodian is signing on behalf of the Beneficial Owner.

Medallion Stamp Signature Guarantee