

Account Information Change Request

Use this form to request changes to your account information.

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Investor Information	
Contact Name on Account: _____	
Account Vesting: _____	
Provide All Investor Codes Affected by this Change Request: _____	
Contact Information	
Change of Name or Primary Contact: _____ A name change or primary contact change will require additional documentation.	
Previous Mailing Address: _____ <i>Street City State Zip</i>	
New (Primary / Secondary) Mailing Address: _____ <i>Street City State Zip</i> If a PO Box is submitted as your new mailing address, you must provide a physical address below.	
Physical Address: _____ <i>Street City State Zip</i>	
<input type="checkbox"/> Please use my seasonal address until the following date: _____	<input type="checkbox"/> Payee name change: _____ All applicable legal documentation must be provided.
Checks Address (address for any future distribution checks if different than above): _____ <i>Street City State Zip</i> If the account is held by a Custodian, all checks must be sent directly to Custodian.	
Home Phone Number: _____	Work Phone Number: _____
Mobile Phone Number: _____	Fax Number: _____

Please return completed form with original signatures by regular mail to:
ML Manager LLC 530 East Mc Dowell RD. Ste. 107 - 601, Phoenix, AZ 85004

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Email Address:

Correspondence Method (**SELECT ONE**):

Please send correspondence by hard copy (mail) **OR** electronic copy (email).

Signature: Please read the information below before signing.

*If you are submitting this form to change your name, you must provide a copy of the applicable legal documentation related to the name change along with this completed form.

*If you are submitting this form to change the primary contact on the account(s) due to a death, you must provide an original certified copy of the death certificate and any applicable trust/estate documents along with this form.

*If you are submitting this form to change the primary contact on the account(s) for reasons other than those listed above, you must provide a completed Account Access Authorization Form.

*We cannot revise the Tax ID Number (TIN) on your account. If you are requesting to change your TIN, you must complete a New Entity Information Form and the appropriate assignment documentation.

By signing below, I/we acknowledge that I/we understand the information above and am/are authorizing the changes to the account(s) with the information contained herein.

Signature of Primary Holder:

Date:

Signature of Joint Holder:

Date:

Additional Signors on account:

Date:

Internal Use Only

Entered By:

Date:

Reviewed By:

Date:

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