

ATEL Investor Services

DISBURSEMENT CHANGE AUTHORIZATION

Use this form to change the delivery of your periodic dividend payment. You can choose to have your dividends paid by check, electronic deposit to your bank, or mailed to an alternate address. All account holders must sign. **Please include a voided check if electronic deposit to your bank account is requested.**

Please note, qualified accounts (**IRA, SEP IRA, Roth IRA, Pension**, etc....) must get custodial signature to change the distribution method, and cannot request payment be made to a location other than the custodian account. If the dividend for a qualified account is not paid to the custodian you could be liable for pre-mature distribution penalties from your IRA, or other qualified account. Please consult your financial advisor or tax professional for more information.

SEND TO:
ATEL Investor Services
C/O ACS SECURITIES SERVICES, INC.
3988 NORTH CENTRAL EXPRESSWAY
BUILDING 5, FLOOR 6
DALLAS, TEXAS 75204

Fax: 214-887-7411

My ATEL shares are currently registered as follows: Shareholder Number: _ _ _ _ _

Title: _____

Address: _____

City, State, Zip: _____

Social Security or Tax ID Number: _____

e-mail address : _____

Telephone: _ _ _ - _ _ _ - _ _ _ _

Please change my disbursement method to the following (check box below):

- Send distributions via check to my home address *(not available for qualified plans/IRA's)*
- Send distributions via check to alternate payee listed here *(not available for qualified plans/IRA's without custodial approval):*

Name _____ Address _____

Account # _____ City, State Zip _____

- Direct Deposit (not available for qualified or custodial accounts)** I authorize ATEL or its agent (collectively, "ATEL") to deposit my distributions to the checking or savings account identified below. The authority will remain in force until I notify ATEL in writing to cancel it. In the event that ATEL deposits funds erroneously into my account, ATEL is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Financial Institution Name _____

ABA/ Routing Number _____

Account # _____

Please attach a voided check here

_____ Date _____

Account Holder Signature

_____ Date _____

Second Account Holder Signature

Custodial Signature _____

(Required for changes on IRA, SEP IRA, Roth IRA, Simple IRA, Pension Plans, and other custodial accounts. Direct deposit to your bank is not available on these types of accounts. Deposits must go to the custodian.)