

**ADDRESS/DISTRIBUTION CHANGE REQUEST FORM**



ATEL Investor Services  
3535 South Tamarac Drive  
Denver, CO 80237  
Fax: 303-221-6531

Investor Name(s): \_\_\_\_\_

Social Security # \_\_\_\_\_

Fund name: \_\_\_\_\_

Number of units: \_\_\_\_\_

Please change :

\_\_\_ my (our) mailing address to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ my (our) distribution address to: (for electronic deposit of distributions, please include: ABA#, Account #, whether Account is checking or savings, and full address or receiving institution)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Investor Signature: \_\_\_\_\_

Investor Signature: \_\_\_\_\_

**\*Investor Signature is required to process all change requests.**

Instructions: 1. For changes to mailing addresses include: full name on the account, new address and phone number. 2. For changes to your distribution address include: Full name of receiving institution (e.g. Mutual Fund or Bank name), the address used for direct deposits or bank-by-mail address, account number with the institution and any fund name or numbers. 3. Each person holding any interest in the Fund registration must sign above. 4 Mail, fax or email this form to the address, fax number or email address shown above.

For office use only:

Date Processed: \_\_\_\_\_ Process completed by: \_\_\_\_\_