



CHANGE OF ADDRESS FORM

All Investors must complete Section A in its entirety. Please indicate which address(es) should be changed by checking the box in Section B or Section C or both, as applicable.

Please indicate the Investment Fund name(s) and account number(s) for which the change is requested:

Name(s) of the Investment Fund(s) *(Required)*

Account number(s) of the Investment Fund(s) *(Required)*

A - INVESTOR INFORMATION

Name(s): Exactly as it appears on the account

Current Registration Address:

Address

City

State

Zip

B - RESIDENCE ADDRESS

☐

New Residence Address - please change to:

Address

City

State

Zip

Daytime Telephone Number

C - MAILING ADDRESS

☐

New Mailing Address - please change to:

Address

City

State

Zip

D - SIGNATURE(S) - Investor(s) or the Registered Representative (RR) or Investment Advisor Representative (IAR) of record may sign.

Signature - Investor, RR or IAR

Date

Signature - Co-Investor

Date

Printed Name of Signer

Printed Name of Signer

MAIL OR FAX COMPLETED FORM TO:

Regular Mail:

Inland
c/o SS&C GIDS, Inc.
P.O. Box 219182
Kansas City, MO 64121-9182

Overnight Delivery:

Inland
c/o SS&C GIDS, Inc.
801 Pennsylvania Avenue
Kansas City, MO 64105-1307

Questions:

Inland Investor Services
866-My-Inland (866-694-6526)

Fax: 855-223-2479