



CHANGE DISTRIBUTION OPTION

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Fund Name:

Investor Number:

Investor Name:

Investor Address:

Daytime Phone #:

Send Distribution Payment To: *(Assign Applicable Percentage / Must Total 100%)*

Primary Residence: %

Directly to my bank via ACH: % *For ACH – a voided check is **required**. (No deposit slips)*

New Brokerage Account: % *Please complete the information below.*

Name or Title:

Brokerage:

Street Address:

City, State & Zip:

Account #:

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

Investor Signature

Date

Investor Signature

Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

Phoenix American, Inc.
Attention: Investor Services Department
2401 Kerner Boulevard
San Rafael, CA 94901-5569