



# HARTMAN

## 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: \_\_\_\_\_ %

Direct Reinvestment Plan (DRIP): \_\_\_\_\_ % *The undersigned has elected to receive DRIP shares in lieu of cash.*

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 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

### ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

\_\_\_\_\_  
Investor Signature Date Investor Signature Date

WHEN COMPLETED PLEASE PRINT AND MAIL  
TO:

Great Lakes Fund Solutions, Inc.  
**Attention: Compliance**  
500 Park Ave, Suite 114  
Lake Villa, IL 60046