HARTMAN

# INVESTOR ADDRESS CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: _____

Name: _____

Fund Name: _____

*New* Daytime Phone # _____

Former Address: _____

_____

_____

New Address: **LEGAL STREET ADDRESS REQUIRED**

_____

_____

Additional Mailing Option for a PO Box: _____

City, State & Zip: _____

Effective Date: _____

**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

**Print Form**

FOR ASSISTANCE IN COMPLETING THIS FORM
PLEASE CALL THE INVESTOR SERVICES DEPARTMENT AT
847-265-5000