

Account Change Form

INSTRUCTIONS

If you have any questions about how to correctly complete this form, please contact the Owl Rock Service Center at 1-844-331-3341

Please Fax the completed form to Fax 1-844-643-0431

This form must be received 30 days prior to the next distribution payable date.

Sections 1 and 4 must be completed for all requested changes.

To obtain additional forms, investors should contact their financial advisor.

Please contact your custodian for the following changes on qualified accounts:

Change of custodian for a qualified account, such as an IRA.

Change of distribution destination, such as a custodian account number change.

This form may be used to make the following changes:

Section 1.1: Change name due to: divorce or marriage, Power of Attorney Change;
must be signed by investor(s)

Section 1.2: Change or correction of address of record

Section 1.3: Add an alternate address where duplicate tax and/or distribution statements may be sent

Section 2: Change or Terminate Distribution instructions for non-qualified accounts
This form must be received 30 days prior to the next distribution payable date

Section 3: Change Financial Advisor; **must be signed by investor(s)**

Section 4: Signatures

Account Change Form

1. CURRENT INVESTOR INFORMATION

Required For All Changes. Please type or use BLOCK letters.

Investor Name/Trustee: _____ Social Security Number/TIN: _____

Co-Investor Name/Trustee (if applicable): _____ Social Security Account Number: _____

Client Name: _____

Fund: _____ Account Number: _____

1.1 NAME ON ACCOUNT CHANGE (DUE TO DIVORCE/MARRIAGE, ETC)

Important Notice: Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Add or Change Power of Attorney to: _____

Add or Change Trustee Name to; **must be signed by investor(s):** _____

Change Name to; **must be signed by investor(s):** _____

1.2 ADDRESS OF RECORD CHANGE

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

1.3 ALTERNATE ADDRESS

Direct the following to this address in addition to the address of record.

Mail a duplicate of all mailings to the alternate address indicated below.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

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2 DISTRIBUTION INSTRUCTIONS CHANGE

This form must be received 30 days prior to the next distribution payable date.

- Enroll** in the Distribution Reinvestment Plan.
- Mail check** to the address of record.
(Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.)
- Mail check to Brokerage Account or Other:**

Name of Financial Institution: _____

FBO: _____

Account Number: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Complete for electronic deposit of distributions.

*Attach a **voided check** or instructions from your Financial Institution. (A Deposit Ticket does not contain the required ACH information).

- Electronically deposit*** distributions to the account indicated below:
- Checking Savings Brokerage/Other

Name of Financial Institution: _____

ABA Routing Number: _____

Account Number: _____

DST Systems, Inc. or its named agent (hereinafter referred to as "DST") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

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3 FINANCIAL ADVISOR OR INVESTOR REPRESENTATIVE CHANGE

Must be authorized by signature of the investor(s).

Please remember to make changes to Distributions, Section 2 if applicable.

New Broker-Dealer or Financial Institution Name: _____

New Financial Advisor/Investor Representative Name(s): _____

Advisor Number/Team ID#: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax: _____

Email: _____

4 REQUIRED SIGNATURES

Required For All Changes.

Sections 1.1, 2 and 3 must be authorized with the signature of the Investor(s) and/ or Custodian.

Financial Advisor/Investor Representative signature indicates representation that he/she is authorized to make changes on behalf of the investor(s).

Required Signatures – All Investors or Authorized Representative(s)

Signature of Investor/Trustee: _____

Date: _____

Signature of Co-Investor/Trustee - OR - Custodian: _____

Date: _____

Signature Guarantee Stamp is required when the custodian is signing on behalf of the Investor/ Trustee and when Investor Name is changing.

Signature Guarantee

