



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

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

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

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

### ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodian Signature (if applicable)

\_\_\_\_\_  
Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

Phoenix American Hospitality, LLC  
**Attention: Investor Services Department**  
2401 Kerner Boulevard  
San Rafael, CA 94901-5569  
Fax: 415-485-4553