**Request for Transfer of Interest in the Event of a Gift**

*In the event of a gift, the following documentation will be required:*

1. Request Form for Transfer of Interest in the Event of a Gift **OR** a separate Letter of Direction; and

2. Copy of the trust document, if the gift is being made by a trust.

*Please note:*

1. When we are in receipt of the above documentation, we will draw up a form of Assignment to be executed by all parties;

2. If the interest is being transferred to a trust, we will require a copy of the trust document in order to establish this type of new account;

3. We require original signatures and are unable to accept documents and correspondence in connection with transfers via facsimile or email; and

4. All information should be directed to us at:

Cheryl Pala

Director of Investor Services

M & J Wilkow, Ltd.

20 South Clark Street

Suite 3000

Chicago, Illinois 60603

cpala@wilkow.com

(312) 279-5967

**Request for Transfer of Interest in the Event of a Gift**

**Current Investor or Account “(Transferor)” Name:**

**Transferor’s Tax ID Number:**

**Phone number and email address for the Transferor:**

**Address of the Transferor:**

**Names of Wilkow-related partnerships to be transferred:**

 **1.**

 **2.**

 **3.**

 *If there are further holdings, please attach on a separate sheet.*

**Information about the New Investor or Account “(Transferee)”, including Name(s), Tax ID Numbers (TIN), addresses, and number of units of partnerships to be transferred:**

**Transferee’s Name: TIN:**

**Phone number and email address for the Transferee:**

**Address of Transferee:**

**Partnership Name: Number of Units:**

**Partnership Name: Number of Units:**

**Partnership Name: Number of Units:**

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**Transferee’s Name: TIN:**

**Phone number and email address for the Transferee:**

**Address of Transferee:**

**Partnership Name: Number of Units:**

**Partnership Name: Number of Units:**

**Partnership Name: Number of Units:**

**Transferee’s Name: TIN:**

**Phone number and email address for the Transferee:**

**Address of Transferee:**

**Partnership Name: Number of Units:**

**Partnership Name: Number of Units:**

**Partnership Name: Number of Units:**

*If there are additional transferees, please attach their information on a separate sheet.*

***Should you have any questions concerning these requirements, please contact us at (312) 279-5967 or via email at cpala@wilkow.com.***

***We reserve the right to require additional information on a case-by-case basis, if necessary, to establish ownership identity or authority.***

**Transferor’s Certification:**

**I hereby certify that the information and direction included herein are complete to the best of my knowledge.**

**Signature of the Transferor**

**Print name**

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