

## **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 e-mail; and
4. All information should be directed to us at:

Jennifer Harshbarger  
Director of Investor Services  
M & J Wilkow, Ltd.  
180 North Michigan Avenue  
Suite 200  
Chicago, Illinois 60601

## Request Form for Transfer of Interest in the Event of a Gift

Current Investor or Account ("Transferor's") 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's"), including Name(s), Tax ID Numbers (TIN), addresses, and number of units of partnerships to be transferred:

Transferee's Name: \_\_\_\_\_ TIN: \_\_\_\_\_

Address of Transferee: \_\_\_\_\_

Partnership Name: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Partnership Name: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Partnership Name: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Transferree's Name: \_\_\_\_\_ TIN: \_\_\_\_\_

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) 726-9622 or via e-mail at [jharshbarger@wilkow.com](mailto:jharshbarger@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**