

Request for Replacement Distribution Check

Investor Name or Account Name: _____

Distribution dates (s) for which you need a replacement check: _____

This check was:

- Misplaced
- Never received
- Other (please explain) _____

Your signature below certifies that, to the best of your knowledge, you have not cashed, deposited, or otherwise endorsed the check(s) requested herein.

Signature

Printed Name

Date

Upon receipt of this form, our office will confirm that each check referenced herein is still outstanding. For each check outstanding, a replacement check will be issued.