

Request for Transfer of Interest in the Event of the Death of an Individual or a Grantor of Trust

In the event of the death of an individual, the following documentation will be required:

1. Certified copy of the death certificate
2. Copy of the Will;
3. Letters of Office or Administration (typically issued by the State) identifying the executor of the estate; and
4. Request Form for Transfer of Interest in the Event of the Death of an Individual or a Grantor of Trust **OR** a separate Letter of Direction.

In the event of the death of the grantor of a trust:

1. Certified copy of the death certificate;
2. Copy of the trust document, identifying the trustees and successor trustees; and
3. Request Form for Transfer of Interest in the Event of the Death of an Individual or a Grantor of Trust **OR** a separate Letter of Direction.

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:

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

**Request for Transfer of Interest in the Event of the Death
of an Individual or a Grantor of Trust**

Current Investor or Account (“Transferor’s”) Name: _____

Transferor’s Tax ID Number: _____

Phone number and email address for the Executor or Trustee: _____

Address of the Executor or Trustee: _____

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:** _____

M&JWILKOW

Transferree'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 cpala@wilkow.com](mailto: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.

Executor/Trustee Certification:

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

Signature

Print name

Title