

# ATEL Investor Services

## DISBURSEMENT CHANGE AUTHORIZATION

Use this form to change the delivery of your periodic distribution payment. You can choose to have your distributions paid by check, electronic deposit to your bank, or mailed to an alternate address. All account holders must sign. Please include a voided check if electronic deposit to your bank account is requested.

Please note, qualified accounts (IRA, SEP IRA, Roth IRA, Pension, etc....) must get custodial signature to change the distribution method, and cannot request payment be made to a location other than the custodian account. If the distribution for a qualified account is not paid to the custodian you could be liable for pre-mature distribution penalties from your IRA, or other qualified account. Please consult your financial advisor or tax professional for more information.

SEND TO:

ATEL INVESTOR SERVICES  
C/O CONDUENT SECURITIES SERVICES  
12720 HILLCREST RD  
SUITE 115  
DALLAS, TEXAS 75230

Fax: 214-887-7411

My ATEL shares are currently registered as follows: Shareholder Number: \_ \_ \_ \_ \_

Title: \_\_\_\_\_  
\_\_\_\_\_

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

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

Social Security or Tax ID Number: \_\_\_ e-mail address:

Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Please change my disbursement method to the following (check box below):

Send distributions via check to my home address *(not available for qualified plans/IRA's)*

Send distributions via check to alternate payee listed here *(not available for qualified plans/IRA's without custodial approval):*

Name \_\_\_\_\_ Address \_\_\_\_\_

Account # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Direct Deposit (not available for qualified or custodial accounts) I authorize ATEL or its agent (collectively, "ATEL") to deposit my distributions to the checking or savings account identified below. The authority will remain in force until I notify ATEL in writing to cancel it. In the event that ATEL deposits funds erroneously into my account, ATEL is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Financial Institution Name \_\_\_\_\_

ABA/ Routing Number \_\_\_\_\_

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

*Please attach a voided check here*

\_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature

Second Account Holder Signature

Custodial Signature \_\_\_\_\_

(Required for changes on IRA, SEP IRA, Roth IRA, Simple IRA, Pension Plans, and other custodial accounts. Direct deposit to your bank is not available on these types of accounts. Deposits must go to the custodian.)