ATEL Investor Services

APPLICATION FOR TRANSFER

Non Qualified

For use with Individual, JTWROS, Tenants in Common, trust, and corporate accounts.

Trust accounts must include trust documents. Corporate accounts must include articles of incorporation. Transfers due to death must include certified copy of the death certificate and applicable documentation such as Letters Testamentary, Affidavit of Domicile or a Successor Trustee Designation. Transfers due to divorce must include divorce documents detailing the disposition of property and any applicable certificates of name change. All account holders must sign, and each signature must be signature guaranteed.

SEND	O TO:	TRANSFER FEE: \$50
C/O C 1702	INVESTOR SERVICES CONDUENT SECURITIES SERVICES N. COLLINS BLVD., STE. 260 IARDSON, TEXAS 75080	PLEASE MAKE CHECK PAYABLE TO: CONDUENT SECURITIES SERVICES
SHAF	RES TO BE TRANSFERRED DALL O	Number SHARES
Full n	ame of fund	
Tran	nsferor (or Seller's) Information	1:
Share	es are currently registered as follows	s: ATEL Shareholder Number:
Title:		
Addre	ess:	
City,	State, Zip:	
Socia	al Security or Tax ID Number:	
Telep	ohone:	-
requis made under as an	site power to assign such interests and re in accordance with all applicable federa rstands that the transfer may be made o	beby certifies and represents possession of valid title and all represents and warrants that the transfer effected hereby is all and state securities law and regulation. The transferor(s) only in compliance with the Articles of Incorporation and bylaws (s) on this Form must correspond with the name(s) in which
Reas	son for Transfer (check one): For c	certain types of transfer, additional documentation may
be re	equired	
	Re-registration (name change, dive	orce/separation, individual to trust, etc)
	Sale □ Death □ Gift	☐ Other (please
	specify)	

Sign, Date, and Signature Guarantee All Signatures

Transferor's Signature	Date	Place Medallion Guarantee Stamp here
Transfer of Organian	24.0	, add medamor Callande Calling note
Co-Transferor's Signature	Date	Place Medallion Guarantee Stamp here

ALL SIGNATURES MUST BE GUARANTEED BY A MEMBER OF AN APPROVED MEDALLION SIGNATURE GUARANTEE PROGRAM

California Residents: It is unlawful to consummate a sale or transfer of limited partnership interests or any interests therein, or to receive any compensation therefore, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.

APPLICATION FOR TRANSFER (part 2)

SHARES TO BE TRANSFERRED \square ALL OR $__$ Number SHARES

Transferee (or Buyer's) Information:			
Title:			
Addres	ss:		
City, S	tate, Zip:		
Social	Security or Tax ID Number:		
Teleph	none:		
U.S Cit	izen Yes No		
Country	y of Residence		
Finan	cial Advisor Information (if applicable):		
Name			
Office	Address		
	one Number address		
Name Broker	of New Broker Dealer Dealer Address		
	none number of new Broker Dealer sentative CRD #		
Registi require	ration Type (circle one): (for certain types of transfers, additional documentation may be ed-see instructions at the top of this form)		
Individu	ual – Joint Tenants – Tenants in Common – Trust – Community Property – Partnership – Corporation		
Non-Qเ	ualified Custodian Account - Other (specify:)		
Distr	ibution Options		
	n choose to have your dividends paid by check, electronic deposit to your bank, or mailed to an the address. Please include a voided check if electronic deposit to your bank account is requested.		
Please	e select from the options below (continued on next page):		
	Send distributions via check to my home address		

Direct Deposit I authorize ATEL or its agent (collectively, "ATEL") to deposit my distributions to the check savings account identified below. The authority will remain in force until I notify ATEL in writing to cancel it. In the exceed the amount of the erroneous deposit. Financial Institution Name	Name_	Address				
savings account identified below. The authority will remain in force until I notify ATEL in writing to cancel it. In the ethat 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	Account	#	City, St	ate Zip		
Sign, Date, and Signature Guarantee All Signatures By executing this Form, the transferee(s) represent that they have received and/or reviewed the Prospectus and other filings made by the Company with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and Bylaws, as amended.	that ATE exceed Financia ABA/ Ro	account identified below. EL deposits funds erroneou the amount of the erroneou al Institution Name buting Number	The authority will remain in usly into my account, ATEL us deposit.	force until I notify ATEL in writing to cancel it. In the estimate is authorized to debit my account for an amount not to		
By executing this Form, the transferee(s) represent that they have received and/or reviewed the Prospectus and other filings made by the Company with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and Bylaws, as amended.		For the direct dep	oosit option please o	uttach a voided check here		
and other filings made by the Company with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and Bylaws, as amended.						
accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and Bylaws, as amended.		Sign, Date,	and Signature Gua	rantee All Signatures		
Bylaws, as amended.	By exec		•	_		
<u> </u>	and oth	euting this Form, the transfe er filings made by the Com	eree(s) represent that they he pany with the Securities and	nave received and/or reviewed the Prospectus d Exchange Commission. The transferee(s)		
Transferee's Signature Date Place Medallion Signature Guarantee Stamp here	and oth	cuting this Form, the transfer er filings made by the Com and agree to be bound by t	eree(s) represent that they he pany with the Securities and	nave received and/or reviewed the Prospectus d Exchange Commission. The transferee(s)		
	and oth	cuting this Form, the transfer er filings made by the Com and agree to be bound by t	eree(s) represent that they he pany with the Securities and	nave received and/or reviewed the Prospectus d Exchange Commission. The transferee(s)		
	and othe accept a Bylaws,	euting this Form, the transfer er filings made by the Com and agree to be bound by t as amended.	eree(s) represent that they he pany with the Securities and the terms and conditions of the terms are the terms and conditions of the terms are the terms ar	nave received and/or reviewed the Prospectus of Exchange Commission. The transferee(s) the Company's Articles of Incorporation and		

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Please use this checklist to ensure a quick turnaround on your transfer request!

All parties (account holders) must sign and date, please make sure signatures are provided in both transferor and transferee sections
All signatures must be signature guaranteed
Include \$50.00 check payable to Conduent Securities Services
Conduent will send a request for additional documents if transfer paperwork received is not in good order. All transfers that are not in good order will be rejected after 90 days
Review the disbursement options to ensure you made a selection, and please include a voided check if you would like your distributions direct deposited to your bank account
Include supporting documents:
Water C. L

- If this transfer changes the Tax Payer ID or SS# the buyer is required to fill out a W-9 form (available under the sample forms section at <u>www.atel.com/investors</u>)
- o If transfer includes creation of a trust, please include trust documents
- o If this is a transfer due to death, please include certified death certificate and letters testamentary or affidavit of domicile, or successor trustee designation.
- If this transfer includes the formation of a corporate, LLC, or partnership account, please include articles of partnership or incorporation.
- If this transfer is due to divorce, please include the divorce documents and certification of name change.
- o Include any powers of attorney authorizing 3rd party signatures

Mail to:

ATEL INVESTOR SERVICES C/O CONDUENT SECURITIES SERVICES 1702 N. COLLINS BLVD., STE. 260 RICHARDSON, TEXAS 75080