

# ATEL Investor Services

## APPLICATION FOR TRANSFER

### *Qualified*

**For use with IRA, Roth IRA, SEP, Simple IRA, Pension plans, qualified benefit plans and custodial accounts. 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. Custodian must sign.**

SEND TO:

ATEL Investor Services  
C/O CONDUENT SECURITIES SERVICES  
1702 N. COLLINS BLVD.  
SUITE 260  
RICHARDSON, TEXAS 75080

Transfer Fees: \$50.00

SHARES TO BE TRANSFERRED  ALL OR \_\_\_\_\_ SHARES  
Number

Full name of fund \_\_\_\_\_

**Transferor (or Seller's) Information:** ATEL Shareholder Number: \_ \_ \_ \_ \_

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

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

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

Social Security or Tax ID Number: \_\_\_\_\_

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

### **Current Custodian Information:**

Custodian Name: \_\_\_\_\_

Custodian Account Number: \_\_\_\_\_

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

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

Custodian Tax Identification Number: \_\_\_\_\_

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

By executing this Form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation. The transferor(s) understands that the transfer may be made only in compliance with the Articles of Incorporation and bylaws, as amended, of the Company. The signature(s) on this Form must correspond with the name(s) in which the transferor(s) hold the transferred shares.

**Reason for Transfer** (check one): For certain types of transfer, additional documentation may be required

- Re-registration (name change, divorce/separation, IRA to Non-Qualified, individual to trust, etc)
- Sale       Death       Gift
- Other (please specify) \_\_\_\_\_

### **Sign, Date, and Signature Guarantee All Signatures**

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Transferor's Signature

Date

*Place Medallion Guarantee Stamp here*

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Co-Transferor's Signature

Date

*Place Medallion Guarantee Stamp here*

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Custodian 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  ALL OR \_\_\_\_\_ SHARES  
Number

***Transferee (or Buyer's) Information:***

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

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

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

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

U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Country of Residence \_\_\_\_\_

Social Security or Tax ID Number: \_\_\_\_\_

***Registration Type (circle one): (for certain types of transfers, additional documentation may be required-see instructions at the top of this form)***

Individual – Joint Tenants – Tenants in Common – Trust – Community Property – Partnership – Corporation

Other (specify: \_\_\_\_\_)

***Financial Advisor Information (if applicable):***

Name \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

e-mail address \_\_\_\_\_

Name of New Broker Dealer \_\_\_\_\_

Broker Dealer Address \_\_\_\_\_

Telephone number of new Broker Dealer \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Representative CRD # \_\_\_\_\_

***Distribution Options:***

You can choose to have your dividends paid by check, electronic deposit to your bank, or mailed to an alternate address. **Please include a voided check if electronic deposit to your bank account is requested.**

Please select from the options below (continued on next page):

Send distributions via check to my home address

Send distributions via check to alternate payee listed here

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

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

**Direct Deposit** 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 # \_\_\_\_\_

*For the direct deposit option please attach a voided check here*

**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.*

\_\_\_\_\_  
Transferee's Signature

\_\_\_\_\_  
Date

*Place Medallion Signature Guarantee Stamp here*

\_\_\_\_\_  
Co-Transferee's Signature

\_\_\_\_\_  
Date

*Place Medallion Signature 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.

**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:
  - 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 [www.atel.com/investors](http://www.atel.com/investors))
  - If transfer includes creation of a trust, please include trust documents
  - 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.
  - Include any powers of attorney authorizing 3<sup>rd</sup> party signatures

**Mail to:**

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