



BROKER DEALER / REP CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number:

Investor Name:

Investor Address:

Daytime Phone #:

Broker Dealer Affiliate:

Representative Name:

Branch Address:

Rep Phone #:

Rep Fax #:

Rep Email Address:

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

Investor Signature

Date

Investor Signature

Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

Shopoff Realty Investments
Attention: Investor Services Department
2401 Kerner Boulevard
San Rafael, CA 94901-5569