



## 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