



## BROKER DEALER / REP CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: \_\_\_\_\_

Investor Name: \_\_\_\_\_

Investor Address: \_\_\_\_\_ Investor Email: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Broker Dealer RIA Firm: \_\_\_\_\_

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: \_\_\_\_\_  
Custodian Signature (if applicable) Date

Shopoff Realty Investments  
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