



BROKER DEALER / REP CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number:	<hr/>		
Investor Name:	<hr/>		
Investor Address:	<hr/>	Investor Email:	<hr/>
	<hr/>		<hr/>
Daytime Phone #:	<hr/>		
Broker Dealer RIA Firm:	<hr/>		
Representative Name:	<hr/>		
Branch Address:	<hr/>		
	<hr/>		
Rep Phone #:	<hr/>		
Rep Fax #:	<hr/>		
Rep Email Address:	<hr/>		

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

<hr/>	<hr/>	<hr/>	<hr/>
Investor Signature	Date	Investor Signature	Date

WHEN COMPLETED SEND TO:

Shopoff Realty Investments
c/o Vistra USA LLC
PO Box 2609
San Rafael CA 94912-2609
VRM@Vistra.com

<hr/>	<hr/>
Custodian Signature (if applicable)	Date