

## INVESTOR ADDRESS CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Fund Name: \_\_\_\_\_  
New Daytime Phone #: \_\_\_\_\_  
Former Address: \_\_\_\_\_  
\_\_\_\_\_

### LEGAL STREET ADDRESS REQUIRED

New Address: \_\_\_\_\_  
\_\_\_\_\_  
Additional Mailing Option for a PO Box: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**ALL TITLEHOLDER SIGNATURES ARE REQUIRED.**

\_\_\_\_\_  
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