



# UNITED DEVELOPMENT FUNDING

## Account Modification Form

This form must be used by any current owner (the "Current Owner") in United Development Funding III, L.P., United Development Funding IV, United Development Funding Income Fund V, and United Development Funding Land Opportunity Fund, L.P. (the "Programs") to update the owner's address and financial advisor on record, change distribution instructions on file, add or change the trustee and power of attorney, and add or remove TOD beneficiaries. For investors who have multiple investments in separate registrations, one form must be completed for each registration. If this account involves a custodian, forward this form to the custodian for its signature with instructions to return it to the Program as indicated below.

**Regular Mail:**  
United Development Funding  
c/o DST Systems, Inc.  
P.O. Box 219096  
Kansas City, MO 64121-9096

**Overnight Deliveries:**  
United Development Funding  
c/o DST Systems, Inc.  
430 West 7<sup>th</sup> Street  
Kansas City, MO 64105

**UDF Investor Services**  
Toll-Free: 1-800-859-9338  
**DST Systems**  
Fax: 877-813-1117

### SECTION 1 – SELECT ALL PROGRAMS THAT APPLY

- ☐ United Development Funding III, L.P.    ☐ United Development Funding Income Fund V  
☐ United Development Funding IV    ☐ United Development Funding Land Opportunity Fund, L.P.

### SECTION 2 – REGISTRATION NAME(S) ON ACCOUNT

Name of Owner/Entity _____		UDF Account Number _____
Social Security Number/Tax ID _____		Date of Birth _____
Name of Joint Owner/Trustee _____	SSN/TIN _____	Date of Birth _____

### SECTION 3 – ADDRESS OF RECORD CHANGE

A. Current Address	B. New Address
Mailing Address _____	Mailing Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone Number _____	Phone Number _____
Alternate Phone _____	Alternate Phone _____
Email _____	Email _____

### SECTION 4 – ALTERNATE ADDRESS

- ☐ Duplicate Mailings    ☐ Duplicate Tax Statement

Name \_\_\_\_\_

Physical Address (No P.O. Box) _____	City _____	State _____	ZIP Code _____
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Email \_\_\_\_\_

## SECTION 5 – CHANGE OF DISTRIBUTION INSTRUCTIONS

Complete this section to elect to receive distributions by check mailed to you at the address of record, to elect to receive distributions by check mailed to a third-party or alternate address, or to elect to receive distributions by direct deposit.

### Non-Custodial Registration

- ☐ I prefer distributions to be paid to me at my address of record
- ☐ I prefer distributions to be deposited directly into my checking account (*please attach a voided check below*)
- ☐ I prefer to direct distributions to a party other than the registered owner per my instructions below (*please complete all information*)

### Custodial Registration

*All custodial registration distributions will be sent to the custodian for the benefit of the Investor.*

\_\_\_\_\_  
Name/Entity Name/Financial Institution

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

*ATTACH VOIDED CHECK HERE*

## SECTION 6 – CHANGE OF POWER OF ATTORNEY/TRUSTEE/NAME

*Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree or Court Order must be provided, as applicable. Medallion Signature Guarantee required on page 3.*

- ☐ \_\_\_\_\_  
Add or Change Power of Attorney to:
- ☐ \_\_\_\_\_  
Add or Change Trustee Name to (provide Name, DOB, SSN):
- ☐ \_\_\_\_\_  
Change Name due to Marriage or Divorce to:

## SECTION 7 – TRANSFER ON DEATH BENEFICIARY INFORMATION

*For individual/joint accts (with rights of survivorship only)—The TOD does not take effect until the last of all multiple owners die. The surviving owners may revoke or change the TOD designation at any time. A guardian's name is required to assign any minor as a TOD beneficiary. Not applicable to investors residing in Louisiana.*

First Name	MI	Last Name	SSN	DOB	___ Primary	___ Secondary	___%
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First Name	MI	Last Name	SSN	DOB	___ Primary	___ Secondary	___%
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First Name	MI	Last Name	SSN	DOB	___ Primary	___ Secondary	___%
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First Name	MI	Last Name	SSN	DOB	___ Primary	___ Secondary	___%
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## SECTION 8 – CHANGE OF FINANCIAL ADVISOR

Broker-Dealer FINRA Firm Name	Branch Number
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Financial Advisor Name	Financial Advisor Number
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Advisor Mailing Address	City	State	ZIP Code
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Email Address	Telephone Number	Fax Number
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Financial Advisor Signature	Date
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## SECTION 9 – REQUIRED SIGNATURES

### Required Signatures – All Investors or Authorized Representative(s)

Signature of Owner or Authorized Person	Date
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Signature of Joint Owner, Trustee or Custodian	Date
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Medallion Signature Guarantee (Required for updates to Section 6 or if Custodial held)