

Account Transfer Form

This form must be used by any current owner (the "Current Owner") in United Development Funding IV (the "Program") to transfer ownership of shares of common stock (the "Shares") to a new owner (the "New Owner"). 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  
 Attn: Investor Relations  
 2201 W. Royal Lane Ste 240  
 Irving, TX 75063

**For transfers please make  
 checks payable to:  
 Transfer Online, Inc.**

**UDF Investor Services**  
 Toll-Free: 1-800-859-9338

**SECTION 1 – CURRENT OWNER REGISTRATION**

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	
Street Address (Required)	City	State	ZIP Code
Mailing Address (Optional)	City	State	ZIP Code
Country of Citizenship	Daytime Phone Number	Evening Phone Number	

**SECTION 2 – SHARE TRANSFER DETAILS & COST BASIS REPORTING**

*Effective January 1, 2011, new federal income tax information reporting rules may apply to certain transactions in our shares. Where they apply, the "cost basis" calculated for the shares involved will be reported to the Internal Revenue Service ("IRS") and to you. Generally these rules apply to all shares purchased after December 31, 2010, including those purchased through our distribution reinvestment plan. You should consult your own tax advisor regarding the consequences of these rules and your cost basis reporting options.*

**A. Number of Shares to be Transferred** \_\_\_\_\_ **Net Sales Proceeds** \_\_\_\_\_  
 (# of Shares or 'All')

**B. Reason for Transfer**

- Re-registration** (name change, individual to trust, etc.)
- Death:** Select one of the two options below
  - Transfer on Death: Include a certified copy of the death certificate
  - Executor of Estate: Include a certified copy of the death certificate and a certified copy of the letters of testamentary or court appointment of the executor of the estate dated within 90 days along with the submission of this form.
- Sale to Third Party**     \$\_\_\_\_\_ paid per share
- Gift**     Date of Gift: \_\_\_\_\_
- Family Dissolution:** If this is a qualified account, include a certified copy of the *Qualified Domestic Relations Order* ("QDRO") with the submission of this form.

### SECTION 3 – NEW FORM OF OWNERSHIP

(New Owner) Please complete either column A or B below, but not both.

**A. Non-Custodial Ownership**

**INDIVIDUAL**

**JOINT TENANT** (with rights of survivorship)

**TRANSFER ON DEATH** (Optional designation of beneficiaries for individuals, joint owners with rights of survivorship. Please complete Section 4B).

**TENANTS IN COMMON**

**COMMUNITY PROPERTY**

**UNIFORM GIFT/TRANSFER TO MINORS** (UGMA/UTMA) Under the UGMA/UTMA of the State of \_\_\_\_\_.

**PENSION PLAN** (Include trust documents naming the trust and authorized trustees)

**TRUST** (Include trust documents naming the trust and authorized trustees/successor trustees)

**CORPORATION OR PARTNERSHIP** (Include Corporate Resolution or Partnership Agreement naming authorized signatories)

**OTHER** \_\_\_\_\_  
(Include title and signature pages)

**B. Custodial Ownership**

**TRADITIONAL IRA**

**ROTH IRA**

**SIMPLIFIED EMPLOYEE PENSION/TRUST (SEP)**

**SIMPLE**

**THIRD PARTY ADMINISTERED CUSTODIAN PLAN**

**OTHER** \_\_\_\_\_

Name of Custodian \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Custodian Information (To be completed by Custodian)

Custodian Tax ID # \_\_\_\_\_

Custodian Account # \_\_\_\_\_

Custodian Phone # \_\_\_\_\_

### SECTION 4 – NEW OWNER INFORMATION

#### A. Investor/Trustee Information

Name of Owner/Entity	SSN/TIN	Date of Birth	
Name of Joint Owner/Trustee	SSN/TIN	Date of Birth	
Street Address (Required)	City	State	ZIP Code
Mailing Address (Optional)	City	State	ZIP Code
Country of Citizenship	Daytime Phone Number	Evening Phone Number	

**B. 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 ___%
First Name	MI	Last Name	SSN	DOB	___ Primary ___ Secondary ___%
First Name	MI	Last Name	SSN	DOB	___ Primary ___ Secondary ___%
First Name	MI	Last Name	SSN	DOB	___ Primary ___ Secondary ___%

Provide additional page with same details, if you have more beneficiaries than the space allotted.

**SECTION 5 - DISTRIBUTIONS** *(Select only one)*

Complete this section to elect to receive distributions by check mailed to the address in Section 5, 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**

*If you fail to select an option or fail to complete the required information below, all non-custodial registration distributions will be sent to the address set forth in Section 4.*

- I prefer distributions to be paid to me at my address listed in Section 4.
- I prefer distributions to be deposited directly into my checking account *(please include 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 – BROKER-DEALER / FINANCIAL ADVISOR INFORMATION**

\_\_\_\_\_  
Broker Dealer Name

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Financial Advisor Name

\_\_\_\_\_  
Advisor Number

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Financial Advisor Signature

\_\_\_\_\_  
Date

**SECTION 7 – AUTHORIZATION AND SIGNATURE OF TRANSFEROR (CURRENT OWNER)**

*All signatures must be Medallion Signature Guaranteed*

**TAXPAYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER CONFIRMATION (required):** The investor signing below, under penalties of perjury, certifies that (i) the number shown on this Account Transfer Form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (ii) I am not subject to backup withholding because I am exempt from backup withholding, and I have not been notified by the Internal Revenue Service (“IRS”) that I am subject to backup withholding, and (iii) I am a U.S. person (including a U.S. resident alien).

\_\_\_\_\_  
Signature of Current Investor/Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Current Co-Investor/Trustee (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent’s Signature for Current Custodian (if applicable)

*Please be sure to include a Corporate Resolution reflecting the authorized signor’s signature*

\_\_\_\_\_  
Medallion Signature Guarantee

**SECTION 8 – AUTHORIZATION AND SIGNATURE OF TRANSFEREE (NEW OWNER)**

*All registered owners must sign, and all signatures must be Medallion Signature Guaranteed*

**TAXPAYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER CONFIRMATION (required):** The investor signing below, under penalties of perjury, certifies that (i) the number shown on this Account Transfer Form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (ii) I am not subject to backup withholding because I am exempt from backup withholding, and I have not been notified by the Internal Revenue Service (“IRS”) that I am subject to backup withholding, and (iii) I am a U.S. person (including a U.S. resident alien).

\_\_\_\_\_  
Signature of New Investor/Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of New Co-Investor/Trustee (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent’s Signature for Current Custodian (if applicable)

*Please be sure to include a Corporate Resolution reflecting the authorized signor’s signature*

\_\_\_\_\_  
Medallion Signature Guarantee