

## **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 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. 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.

## Mail To:

United Development Funding Attn: Investor Relations 2201 W. Royal Lane Ste 240 Irving, TX 75063 **UDF Investor Services** 

Toll-Free: 1-800-859-9338

| SECTION 1 - SELECT ALL PRO    | OGRAMS THAT APP  | LY                       |              |  |  |
|-------------------------------|------------------|--------------------------|--------------|--|--|
| □ UDF III, L.P. □ UD          | FV 🗆 UDFLO       | F, LLC 🗆 UI              | OF LOF, L.P. |  |  |
|                               |                  |                          |              |  |  |
| SECTION 2 – REGISTRATION N    | √AME(S) ON ACCOU | NT                       |              |  |  |
| Name of Owner/Entity          |                  | UDF Account Number       |              |  |  |
| Name of Joint Owner/Trustee   | SSN/TIN          | Date of Birth            |              |  |  |
| SECTION 3 – ADDRESS OF RE     | CORD CHANGE      |                          |              |  |  |
| A. Current Addres             | ss ———           | B. New Address           |              |  |  |
| Mailing Address               |                  | Mailing Address          |              |  |  |
| ityStateZIP                   |                  | CityStateZIP             |              |  |  |
| Phone Number                  |                  | Phone Number             |              |  |  |
| Email                         |                  | Email                    |              |  |  |
| SECTION 4 – CHANGE OF FINA    | ANCIAL ADVISOR   |                          |              |  |  |
| Broker-Dealer FINRA Firm Name |                  | Branch Number            |              |  |  |
| Financial Advisor Name        |                  | Financial Advisor Number |              |  |  |
| Email Address                 | Teleph           | one Number               | Fax Number   |  |  |
| Financial Advisor Signature   |                  | Date                     |              |  |  |

## **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   | Custodial Registration  |   |          |  |
|--|-------------------------|---|----------|--|
| I prefer distributions to be paid to me at my address of record  |                         | All custodial registration distributions will be sent to the custodian for the benefit of the Investor. |          |  |
| $\square$ 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) |                         |   |          |  |
|  |                         |   |          |  |
| Name/Entity Name/Financial Institution   |                         |   |          |  |
| Routing Number   | Account Numb            | Account Number  |          |  |
| Street Address   | City                    | State   | ZIP Code |  |
| ATTACH VOID  SECTION 6 – REQUIRED SIGNATURES   | DED CHECK HER           | E   |          |  |
| Required Signatures – All Investors or Authorized Represo  | entative(s)             |   |          |  |
| Signature of Owner or Authorized Person  | Date                    |   |          |  |
| Signature of Joint Owner, Trustee or Custodian   | Date                    |   |          |  |
| Medallion Signature Guarantee (Required for updates to Section   | on 6 or if Custodial he | <br>ld)   |          |  |