

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.

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 PROGRAMS T	HAT APPLY	
\square United Development Funding III, L.P. \square	United Development Funding Income Fu	und V
\Box UDF Land Opportunity Fund, LLC \Box	United Development Funding Land Opp	oortunity Fund, L.P.
SECTION 2 – REGISTRATION NAME(S) O	N ACCOUNT	
Name of Owner/Entity	UDF Account Num	ıber
Social Security Number/Tax ID	Date of Birth	
Name of Joint Owner/Trustee SSN	V/TIN Date of Birth	
SECTION 3 – ADDRESS OF RECORD CHA	ANGE	
A. Current Address	B. New A	Address —
Mailing Address	Mailing Address	
CityStateZIP	City	StateZIP
Phone Number	Phone Number	
Alternate Phone	Alternate Phone	
Email	Email	
SECTION 4 – ALTERNATE ADDRESS	☐ Duplicate Mailings ☐ Dupl	licate Tax Statement
Name		
Physical Address (No P.O. Box)	City State	ZIP Code
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		Custodial Reg	istration ———
	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)	All custodial re for the benefit		will be sent to the custodian
	I prefer to direct distributions to a party other than the registered owner per my instructions below (please complete all information)			
—— Nar	ne/Entity Name/Financial Institution			
Rou	nting Number	Account Nun	nber	
Stre	eet Address	City	State	ZIP Code
		DED CHECK HE		
Сор	CTION 6 – CHANGE OF POWER OF ATTORN by of Power of Attorney, Resignation and Acceptance of Tr orce Decree or Court Order must be provided, as applicate	rustee, Corporate Res	olution, Copy of Mar	riage Certificate, red on page 3.
	Add or Change Power of Attorney to:			
	Add or Change Trustee Name to (provide Name, DOB, S	SSN):		
	Change Name due to Marriage or Divorce to:			
	Changa Nama dua ta Marriaga ar Divarga ta:			

SECTION 7 – CHANGE OF FINANCIAL ADVISOR

Broker-Dealer FINRA Firm Name	Br	ranch Number
Financial Advisor Name	Fir	nancial Advisor Number
Advisor Mailing Address	City St	ate ZIP Code
Email Address	Telephone Number	Fax Number
Financial Advisor Signature	Da	nte
SECTION 8 - REQUIRED SIGNATURES		
SECTION 8 – REQUIRED SIGNATURES Required Signatures – All Investors or Authoriz		
Required Signatures – All Investors or Authoriz	ed Representative(s)	
Required Signatures – All Investors or Authoriz Signature of Owner or Authorized Person	ed Representative(s) Date	