UDF LAND OPPORTUNITY FUND

Account Transfer Form

This form must be used by any current owner (the "Current Owner") in United Development Land Opportunity Fund, L.P. (the "Program") to transfer ownership of units of limited partnership interests (the "Units") 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
400 E Las Colinas Blvd
Suite #250
Irving, TX 75039

For transfer paperwork 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 – UNIT TRANSFER DETAILS

A. Number of Units to be Transferred _____ **Net Sales Proceeds** _____
(# of Units 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 Unit

☐ **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 5B).*
- ☐ **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

- ☐ **TRADTIONAL IRA**
- ☐ **ROTH IRA**
- ☐ **SIMPLIED 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. New Owner/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			
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 you at the above address, 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