TIME EQUITIES INC.

CHANGE DISTRIBUTION OPTION

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Fund Name: _____

Investor Name: _____

Investor Address: _____

Investor Address2: _____

Daytime Phone #: _____ Email: _____

Send Distribution Payment To: *(Assign Applicable Percentage / Must Total 100%)*

Primary Residence: _____ % *Non-Custodial Accounts Only*

Directly to my bank via ACH: _____ % *Non-Custodial Accounts Only - Please Complete Below*

New Brokerage Account: _____ % *Please Complete the Information Below*

Bank Name: _____

Brokerage Name: _____

Street Address: _____

City, State & Zip: _____

Account #: _____ Routing #: _____

Bank Account Type: ☐ Checking ☐ Savings

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

_____ _____ _____ _____

Investor Signature Date Investor Signature Date

PAPERWORK DELIVERY OPTIONS	
Mail	**Electronic**
Time Equities Inc. ***c/o Vistra USA LLC*** PO Box 2609 San Rafael CA 94912-2609	TimeEquitiesSupport@Vistra.com