



TIME EQUITIES INC.

CHANGE DISTRIBUTION OPTION

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Fund Name: _____

Investor Number: _____

Investor Name: _____

Investor Address: _____

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*

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

Name or Title: _____

Brokerage Name: _____

Street Address: _____

City, State & Zip: _____

Account #: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

Investor Signature Date Investor Signature Date

PAPERWORK DELIVERY OPTIONS	
Mail	Electronic
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