



LEITBOX PORTFOLIO PARTNERS Account Modification Form

Important: When completed and signed, please email the original form to:

LEITBOX PORTFOLIO PARTNERS
admin@leitbox.com

and

Leitbox-Fund-Admin@covercy.com

Instructions

All applicable sections must be completed for your account to be modified.

For a change of distribution instructions, this form must be received by us 30 days prior to the next distribution payable date.

Sections 1 and 10 MUST be completed for all requested changes. Certain sections require a guarantee by medallion signature.

This form may be used to make the following changes:

Section 2 Update or correct address of record

Section 3 Add an alternate address to where correspondence, tax documents, and/or distribution statements may be sent

Section 4 Revise distribution instructions

Section 5 Add or change a power of attorney

Add or change trustee for a trust or perpetual entity
(e.g. corporation, pension or profit sharing plan)

Change name due to marriage or divorce

Section 6 Add or revise transfer on death (TOD) election

Section 7 Change financial advisor

Section 8 Change financial advisor's broker/dealer firm

Section 9 Add or revise election to receive electronic delivery of Partnership materials

LEITBOX PORTFOLIO PARTNERS

Account Modification Form

1

Required for ALL Changes

Important: Please
type or use BLOCK
letters.

Note: Account
number may be found
on distribution
statement.

Registration Name(s) on Account

Please indicate which Partnership account(s) you wish to modify:

Primary Account Owner*:

Social Security Number (or) Tax Identification Number:

Account Number (Owner ID): _____

Joint Account Owner* (*if applicable*):

Social Security Number (or) Tax Identification Number:

*Print exactly as name appears on subscription agreement or, if applicable, transfer of
partnership units agreement

2

Address of Record Change

Legal Address (*No P.O. Boxes*):

City, State, Zip:

Phone Number:

Alternate Phone:

Email:

Alternate Email:

3

Direct correspondence and tax documents to this address in addition to the address of record.

Alternate Address Change

Name(s): _____

Mailing Address (*Can be a P.O. Box*):

City, State, Zip:

Phone Number: _____

Alternate Phone: _____

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Note: If changing Financial Advisors, please also complete Section 7.

Distribution Change Instructions

☐ **Directly deposit distributions to the account indicated below. Please attach voided/cancelled check, or instructions provided by my financial institution for my savings or brokerage account.**

☐ Savings Account

☐ Checking/Brokerage Account

☐ **Mail or provide ACH distributions directly to the Financial Institution indicated as follows:**

Financial Institution (or Fund Name):

Account #:

Routing # (Nine Digits):

For the Benefit of (FBO):

Mailing Address:

City, State, Zip:

Phone Number:

Fax:

Email:

Additional Instructions:

***Kindly attach a cancelled/voided check OR
ACH instructions from your financial institution***

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Important: Copy of power of attorney, registration and acceptance of trustee, corporate resolution, marriage certificate, divorce decree or court order must be provided, as applicable.

Change of Power of Attorney/Trustee/Name

Add or Change Power of Attorney to: _____

Add or Change Trustee Name to: _____

Date of Birth: _____ Social Security Number: _____

Change Name due to Marriage or Divorce to: _____

Note: Please remember to make changes to address, distribution instructions or financial advisor, if applicable.

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Must be guaranteed by medallion signature in Section 10.

****Please attach additional pages for more beneficiaries.**

Transfer on Death (TOD) Election

I hereby designate the following person(s) as my beneficiary(ies). If I live in a state with community property statutes and do not designate my spouse as the sole primary beneficiary, I represent and warrant that my spouse has consented to such designation.

NOTE: Units cannot be split below one-half (0.5) per beneficiary.

(1) Beneficiary: _____

Mailing Address: _____

City, State, Zip: _____

Social Security Number (or) Tax Identification Number: _____

☐ Primary Beneficiary ☐ Contingent Beneficiary _____ Unit(s)

(2) Beneficiary: _____

Mailing Address: _____

City, State, Zip: _____

Social Security Number (or) Tax Identification Number: _____

☐ Primary Beneficiary ☐ Contingent Beneficiary _____ Unit(s)

(3) Beneficiary: _____

Mailing Address: _____

City, State, Zip: _____

Social Security Number (or) Tax Identification Number: _____

☐ Primary Beneficiary ☐ Contingent Beneficiary _____ Unit(s)

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Note: Please remember to make changes to distributions in Section 4, if applicable.

Change of Investor's Financial Advisor

New Registered Representative: _____

Rep CRD #: _____

Company Name (if applicable): _____

Broker/Dealer Firm: _____

Firm CRD #: _____

Rep Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax: _____

Email: _____

Signature of New Registered Representative

Date: _____

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Note: This section should be completed if a financial advisor changes to a new broker/dealer firm.

****Please attach additional pages for more investor accounts.**

Change of Financial Advisor's Broker/Dealer Firm

Registered Representative: _____

Rep CRD #: _____

Company Name (if applicable): _____

New Broker/Dealer Firm: _____

Firm CRD #: _____

Firm Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax: _____

Email: _____

Investor account(s) affected by change of firm**:

(1) _____ Account #: _____

(2) _____ Account #: _____

(3) _____ Account #: _____

(4) _____ Account #: _____

(5) _____ Account #: _____

(6) _____ Account #: _____

(7) _____ Account #: _____

(8) _____ Account #: _____

(9) _____ Account #: _____

	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> (10) _____ (11) _____ (12) _____ (13) _____ (14) _____ (15) _____ </div> <div style="width: 30%;"> Account #: Account #: Account #: Account #: Account #: Account #: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 65%;"> _____ Signature of Registered Representative </div> <div style="width: 30%;"> Date: _____ </div> </div>
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9	Electronic Delivery Election
<p><i>Electronic delivery of Partnership communications is available; and if you would prefer to receive such communications and statements electronically, please affirmatively elect to do so by checking the Partnership(s) in Section 1 for which you elect to receive the electronic delivery of Partnership communications and notifications, and signing below where indicated.</i></p> <p>We encourage you to reduce printing and mailing costs, and to conserve natural resources, by electing to receive electronic delivery of Partnership communications and statement notifications. By consenting below to electronically receive Partnership communications, including your account-specific information, you authorize the Partnership(s) to e-mail Partnership communications to you directly or notify you by e-mail when such documents are available and how to access the documents. You will not receive paper copies of any materials unless specifically requested, the delivery of electronic materials is prohibited or we, in our sole discretion, elect to send paper copies of the materials.</p> <p>Sign below if you consent to the electronic delivery of all materials that may be required to be delivered under federal or state law as well as account-specific information such as monthly account statements or tax information including your federal and state Form K-1 and/or Form 1099. Your consent will be effective until you revoke it in writing.</p> <p>Please carefully read the following representations before consenting to receive documents electronically. By signing this box and consenting to receive documents electronically, you represent the following: (a) I acknowledge that access to both Internet e-mail and the World Wide Web is required in order to access documents electronically. I may receive by e-mail notification the availability of a document in electronic format. The notification e-mail will contain a web address (or hyperlink) where the document can be found. By entering this address into my web browser, I can view, download, and print the document from my computer. I acknowledge that there may be costs associated with the electronic access, such as usage charges from my Internet provider and telephone provider, and that these costs are my responsibility. (b) I acknowledge that documents distributed electronically may be provided in Portable Document Format (PDF). Software is required to view documents in PDF format. Adobe Reader® is one example of such software and is available free of charge from www.adobe.com. The software must be correctly installed on my system before I will be able to access documents. Electronic delivery also involves risks related to system or network outage that could impair my timely receipt of or access to Partnership materials. (c) I acknowledge that if the e-mail notification is returned to the respective Partnership(s) as "undeliverable", a letter will be mailed to me with instructions on how to update my e-mail address to begin receiving materials via electronic delivery. I further understand that if the respective Partnership(s) is/are unable to obtain a valid e-mail address for me, the respective Partnership(s) will resume sending a paper copy of materials by U.S. mail to my address of record. (d) I acknowledge that my consent may be updated or cancelled, including the e-mail address to which notifications are delivered by emailing Leitbox-Fund-Admin@covercy.com during normal business hours Monday through Friday except holidays.</p>	

Owner e-mail address is _____

Co-owner e-mail address is _____

Joint Accounts: If your Social Security number is the primary number on a joint account and you opt-in to electronic delivery, each consenting joint account holder must have access to the e-mail account provided.

Your e-mail address will be held in confidence and used only for matters relating to your investments.

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Required for ALL Changes:

If the owner is not signing this form, the Authorized Person must state the capacity in which he/she is authorized to sign next to his/her signature. Such capacity is to be defined and proven to the Guarantor in order to obtain a Medallion Guarantee.

If signing for an entity, the signatory must (a) state his/her title, (b) state the legal name of the entity exactly as it appears on the books of the Partnership, and (c) include a copy of a certified resolution indicating his/her authority to act on behalf of the entity.

Required Signatures

All Investors or Authorized Person(s) MUST SIGN BELOW

Owner/Authorized Person's Signature: _____

Date: _____

Affix Medallion Signature Guarantee Stamp (if applicable):

Joint Owner/Authorized Person's Signature: _____

Date: _____

Affix Medallion Signature Guarantee Stamp (if applicable):

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