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Computershare
PO Box 43007
Providence, RI 02940-3007
www.computershare.com/advisorportal

	advisorportalsupport@computershare.com
Name	
Address	Computershare Account Number
City, State, Zip	C
	Company Name
	American Finance Trust

nancial Advisor / Financial Institution Account Maintenance Form	PLEASE I	PRINT CLEARLY
INVESTOR INFORMATION		
Provide the Account Name or Registration exactly as it appears on the account, including ALL names / entities listed on the account	nt:	
Current Street Address / PO Box		Apt. / Unit Number
,	State Zi _l	o Code
Daytime Telephone Number Social Security Number (SSN)	or Employer Identification	on Number (EIN)
F F	or Employer Identification	(do not use hypher
		SSN EIN
Check here if you wish to update the current address.		
w Address, if applicable: If you checked the box for Item E above, please provide the new address. New Street Address / PO Box		Apt. / Unit Number
New Street Address / FO Box		Apt. / Offit Number
City	State Zi _l	o Code





2. INVESTOR'S FINANCIAL ADVISOR INFORMATION

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the account. Please note, the investor must sign in the "Investor's Signature" section (section 3) in order to grant consent for the Investor's Financial Advisor and Financial Advisor's Institution to have view-only access to all account information. If any part of this section is left blank, no Financial Advisor will be added to the account and the financial advisor will not have access to the Advisor Portal.

NCIAL ADVISOR INFORMATION Name		
CRD Number Assigned by FINRA	Telephone Number (do not use hyphens)	Ext.
	С	
E-mail Address (This email address will be used as	the login username on Computershare's advisor portal)	
NCIAL ADVISOR'S INSTITUTION INFORMATION	N	
Financial Institution Name		
CRD Number Assigned by FINRA	Telephone Number (do not use hyphens)	Ext.
Street Address / PO Box		Apt. / Unit Numb
City		State Zip Code
IVESTOR'S SIGNATURE		
	ershare to grant view-only access of all account information to the Finar the investor notifies Computershare to revoke such consent.	ncial Advisor and the Financial Advisor's Institution if prov
ure(s) of All Investor(s)		te (mm / dd / yyyy)
ure(s) or Air investor(s)		(

Please mail the completed form along with all applicable required documents:

Regular mail: Computershare PO Box 43007 Providence, RI 02940-3007

Overnight/certified/registered delivery: Computershare 150 Royall Street - Suite 101 Canton, MA 02021

For additional inquiries, please e-mail us at advisorportalsupport@computershare.com.