
 Name

 Address

 City, State, Zip

Computershare Account Number

C _____

Company Name

American Finance Trust

Financial Advisor / Financial Institution Account Maintenance Form

PLEASE PRINT CLEARLY

1. INVESTOR INFORMATION

Provide the Account Name or Registration exactly as it appears on the account, including ALL names / entities listed on the account:

A _____

Current Street Address / PO Box Apt. / Unit Number

B _____

City State Zip Code

C _____

Daytime Telephone Number

D _____

Social Security Number (SSN) or Employer Identification Number (EIN)
(do not use hyphens)

F _____ SSN EIN

E Check here if you wish to update the current address.

New 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

F _____

City State Zip Code

G _____



