



For regular mail:
 United Development Funding
 c/o DST Systems, Inc.
 P.O. Box 219096
 Kansas City, MO 64121-9096

For overnight deliveries:
 United Development Funding
 c/o DST Systems, Inc.
 430 West 7th Street
 Kansas City, MO 64105

UDF Investor Services
 Toll-Free 1-800-859-9338
 DST Fax 877-813-1117

United Development Funding Account Modification Form

INSTRUCTIONS

All pages must be completed for instructions to be acceptable and valid.

This form must be received 30 days prior to the next distribution payable date.

Sections 1 and 8 must be completed for all requested changes.

To obtain additional forms:

Investors should contact their financial advisor.

Financial advisors may access forms online through a secure login at www.udfonline.com.

Please contact your custodian for the following changes on qualified accounts:

Change of custodian for a qualified account, such as an IRA.

Change of distribution destination, such as a custodian account number change.

This form may be used to make the following changes:

- Section 2: Change or correction of address of record
- Section 3: Add an alternate address where duplicate tax and/or distribution statements may be sent
- Section 4: Change Distribution instructions for non-qualified accounts
 Change of Distributions for qualified accounts such as an IRA, please contact your custodian (except to remove DRP)

 Terminate participation in the Distribution Reinvestment Plan (qualified and non-qualified accounts)
- Section 5: Add or change a Power of Attorney; **must be signed by investor(s)**

 Add or change Trustee for a Trust or Perpetual Entity (e.g. Corporation, Pension or Profit Sharing Plan) Note: only if *not* due to the death of the current trustee; **must be signed by investor(s)**

 Change name due to divorce or marriage; **must be signed by investor(s)**
- Section 6: Add/Remove TOD Beneficiary (for joint accounts (with rights of survivorship) only; Not applicable to Louisiana investors)
- Section 7: Change Financial Advisor; **must be signed by investor(s)**

Separate forms required to make the following changes:

- Change of Ownership: Transfer forms for applicable fund(s)
- Change Trustee for a Trust or Perpetual Entity (e.g. Corporate, Pension, or Profit Sharing Plan), if due to the death of the current trustee: Transfer forms for applicable fund(s)
- Participate in Dividend Reinvestment: Dividend Reinvestment Plan form (qualified and non-qualified accounts; Not available for UDF Land Opportunity Fund)
- Redemption Request: Redemption form for applicable fund(s)

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SECTION ONE

REGISTRATION NAME(S) ON ACCOUNT

Required for ALL Changes.

Please type or use BLOCK letters.

Account number may be found on distribution statement.

Investor Name/Trustee	Social Security Number/TIN
Co-Investor Name/Trustee <i>(if applicable)</i>	Social Security Number/TIN
Custodian Name (if applicable)	Custodial Account #/BIN

UDF Account Number: _____

Registration type (circle one):

Individual - Joint Tenants - Tenants in Common - Trust - Community Property - Partnership - Corporation - UGMA (State:____) - UTMA (State ____) - Traditional IRA - SEP IRA - Roth IRA - Profit Sharing Plan - Pension Plan - Other (specify:_____)

SECTION TWO

ADDRESS OF RECORD CHANGE

Physical Address (no P.O. Box)

City	State	Zip Code

Phone Number	Alternate Phone	Fax

Email _____

SECTION THREE

ALTERNATE ADDRESS Duplicate mailings Duplicate tax statement

Direct the following to this address in addition to the address of record.

Name _____

Mailing Address (can be a P.O. Box)

City	State	Zip Code

Phone Number	Alternate Phone	Fax

Email _____



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SECTION FOUR

CHANGE OF DISTRIBUTION INSTRUCTIONS

*Attach a **voided check**
 (A Deposit Ticket does not
 contain the required ACH
 information).

**If applicable, attach
 instructions from your
 Financial Institution.

- Begin participation in the Distribution Reinvestment Plan (Not available for UDF Land Opportunity Fund)
- Terminate participation in the Distribution Reinvestment Plan (Distributions for qualified accounts will automatically be sent to the custodian)
- Send distributions to the address of record (Not applicable for qualified accounts)
- Directly deposit distributions to the account indicated on the attached voided/cancelled check, or the attached instructions provided by my financial institution for my savings or brokerage account. (Not applicable for qualified accounts)
 - Savings Checking* Brokerage/Other**
- Mail distributions to the Financial Institution indicated below (Not applicable for qualified accounts)

Financial Institution Information

 Financial Institution

 FBO

 Mailing Address

City	State	Zip Code
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Phone Number	Fax
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 Account Number

*****ATTACH A COPY OF A VOIDED/CANCELLED CHECK IN THIS AREA*****

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SECTION FIVE

Important Notice: Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree or Court Order must be provided, as applicable.

Must be authorized by signature of the Investor(s).

Please remember to make changes to Address, Distribution Instructions or Financial Advisor, if applicable.

CHANGE OF POWER OF ATTORNEY/TRUSTEE/NAME

 Add or Change Power of Attorney to:

 Add or Change Trustee Name to (*provide Name, DOB, SSN*):

 Change Name due to Marriage or Divorce to:

SECTION SIX

For Individual or Joint accounts (with rights of survivorship) only

A guardian's name is required to assign any minor as a TOD beneficiary

Not applicable to investors residing in Louisiana

TRANSFER ON DEATH BENEFICIARY INFORMATION per stirpes per capita

 First Name MI Last Name SSN DOB Primary Secondary %

 First Name MI Last Name SSN DOB Primary Secondary %

 First Name MI Last Name SSN DOB Primary Secondary %

 First Name MI Last Name SSN DOB Primary Secondary %

SECTION SEVEN

Must be authorized by signature of the investor(s).

Please remember to make changes to Distributions, Section 4, if applicable.

Separate Financial Advisor/Broker Dealer form also available.

CHANGE OF FINANCIAL ADVISOR

 New Broker-Dealer FINRA Firm Name

 New Registered Representative Rep ID #

 Mailing Address

 City State Zip Code

 Phone Number Fax

 Email

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SECTION EIGHT

Select One.

Sections 5 and 6 must be authorized with the signature of the Investor(s) and/or Custodian.

Medallion Signature Guarantee Stamp is required only when the custodian is signing on behalf of the Beneficial Owner.

Financial Advisor signature indicates representation that he/she is authorized to make changes on behalf of the investor(s).

REQUIRED SIGNATURES

_____ I/we authorize information to be changed on **all** investments recorded under the above-referenced SSN/TIN

_____ I/we authorize information to be changed on **only the following:** *registration, ownership type and or/ fund name*

 Fund Name

Required Signatures – All Investors or Authorized Representative(s)

Signature of Owner or Authorized Person	Date
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Signature of Joint Owner, Trustee or Custodian	Date
--	------

Signature of Financial Advisor	Date
--------------------------------	------

Affix Medallion Signature Guarantee Stamp below