



**RED OAK CAPITAL  
INVESTOR CHANGE OF ADDRESS**

Broker/Dealer:\_\_\_\_\_

Financial Advisor:\_\_\_\_\_

Investor's Name:\_\_\_\_\_

Account Name if different:\_\_\_\_\_

Previous Address:\_\_\_\_\_

\_\_\_\_\_

New Address:\_\_\_\_\_

\_\_\_\_\_

Please email this form to [rob@redoakcapitalgroup.com](mailto:rob@redoakcapitalgroup.com).

# RED OAK CAPITAL

## TITLE TRANSFER - TRANSFEROR

Full Name of Fund: \_\_\_\_\_

Bond Series Name to be Transferred \_\_\_\_\_ Number of Bonds to be Transferred \_\_\_\_\_

### TRANSFEROR (TRANSFEROR'S) INFORMATION:

Transferor Name: \_\_\_\_\_

Transferor Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Investor Tax ID \_\_\_\_\_

### CUSTODIAN INFORMATION (for qualified retirement plans):

Custodian Name \_\_\_\_\_

Custodian Address \_\_\_\_\_

Phone # \_\_\_\_\_ Custodian Tax ID \_\_\_\_\_

*By executing this form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation.*

### REASON FOR TRANSFER (check one):

Re-registration (name change, divorce, individual to trust, etc.)

Death

Gift

Other (please specify)

\_\_\_\_\_

Transferor Signature \_\_\_\_\_ Date \_\_\_\_\_ Transferor Signature \_\_\_\_\_ Date \_\_\_\_\_

Custodian Signature for Qualified Plans \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE PRINT AND MAIL TO:

Red Oak Capital Group, LLC  
**Attention: Investor Services Department**  
625 Kenmoor Ave SE Suite 200 Grand  
Rapids MI 49546



*Medallion Signature Guarantee Required*

# RED OAK CAPITAL

## TITLE TRANSFER - TRANSFEREE

Full Name of Fund: \_\_\_\_\_

Bond Series Name to be Transferred \_\_\_\_\_ Number of Bonds to be Transferred \_\_\_\_\_

### TRANSFEREE (TRANSFEREE'S) INFORMATION:

Investor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Tax ID \_\_\_\_\_

Check One: ☐ US Citizen ☐ Country of Residence \_\_\_\_\_

### CUSTODIAN INFORMATION (if applicable):

Custodian Name \_\_\_\_\_

Custodian Address \_\_\_\_\_

Phone # \_\_\_\_\_

Acct # \_\_\_\_\_

### REGISTRATION TYPE (check one):

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Trust	<input type="checkbox"/> Community Property )
<input type="checkbox"/> Partnership Sep	<input type="checkbox"/> Corporation	<input type="checkbox"/> UGMA (State _____ )	<input type="checkbox"/> UTMA (State _____ )	<input type="checkbox"/> IRA
<input type="checkbox"/> IRA Other (specify) _____	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Profit Sharing Plan	<input type="checkbox"/> Pension Plan	

### BROKER DEALER INFORMATION:

Representative Name \_\_\_\_\_

Broker Dealer Affiliate \_\_\_\_\_

Branch Address \_\_\_\_\_

Rep Email \_\_\_\_\_

Rep Phone # \_\_\_\_\_

Rep Fax \_\_\_\_\_

### DISTRIBUTION INFORMATION (For taxable accounts. Non-taxable distributions will be sent to the custodian of record):

Check One: ☐ Primary residence ☐ To my bank via ACH\*

Brokerage Account: Broker \_\_\_\_\_

Acct # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\*If ACH is selected, a voided check is **required**; **NO** deposit slips.

By executing this form; the transferee(s) represent that they have received the Offering Circular and the other filings made by the Fund Sponsor with the Securities and Exchange Commission.

Transferee Signature \_\_\_\_\_

Date \_\_\_\_\_

Transferee Signature \_\_\_\_\_

Date \_\_\_\_\_

Custodian Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Medallion Signature Guarantee Required

<https://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001780633&owner=exclude&count=40&hidefilings=0>