



INVESTOR CHANGE OF ADDRESS

Broker/Dealer:_____

Financial Advisor:_____

Investor's Name:_____

Account Name if different:_____

Previous Address:_____

New Address:_____

Please email this form to IR@redoakcapitalholdings.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 Holdings, 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 _____ Phone # _____
Address _____ Tax ID _____

Check One: US Citizen Country of Residence _____

CUSTODIAN INFORMATION (if applicable):

Custodian Name _____ Phone # _____
Custodian Address _____ Acct # _____

REGISTRATION TYPE (check one):

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

BROKER DEALER INFORMATION:

Representative Name _____ Rep Email _____
Broker Dealer Affiliate _____
Branch Address _____ 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>