



Please return all fully executed documents to:

Cobalt Investment Services, LLC
801 International Parkway, Suite 500 PMB #5243
Lake Mary, FL 32746
Email: info@cis-ta.com
Fax: 321-400-1359

Bourne Financial Group Investor Change Form

Instructions:

- 1. Complete this cover page in its entirety.
2. On the following pages, complete only the relevant sections. Leave blank any sections or fields that do not apply.
3. All investors must sign final signature page for changes to be applied.

Investor Registration Name(s):

Two horizontal lines for entering investor registration names.

Investment Fund(s) (check all that apply):

- Bourne Seniors Housing... [] II [] III [] IV [] V [] VI [] VII
[] BFG Kennewick [] BFG Pocono [] BFG Issaquah
[] BFG Murrells Inlet Investors, LLC [] BFG LMI [] BFG LMI II
[] Other (specify): _____

Action Needed (check all that apply):

- [] Change email address or phone number
[] Change physical mailing address
[] Replace previously provided ACH instructions
[] Change of Registered Representative or Broker-Dealer
[] Add/update Transfer on Death (T.O.D) Instructions

Complete:

- Section 1, Signature Page
Section 2, Signature Page
Section 3, Signature Page
Section 4, Signature Page
Section 5, Signature Page

Section 1. Contact Information Change

Investor email address: _____

Investor phone number: _____

Section 2. Address Information Change

Correspondence mailing address:

Distribution check mailing address (including brokerage accounts):

Same as above

If mailing checks to brokerage or institutional address:

Account Name: _____

Account Number: _____

The distribution sections of this form do not apply to investments held in retirement accounts

Section 3. Direct Deposit (ACH) Change

I (we)_____ hereby authorize Bourne Financial Group, to initiate credit entries and adjustments for any credit entries in error to my (our): **(select one - REQUIRED)** **Checking Account** or **Savings Account** indicated below, at the banking institution named below. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name on Account _____

Bank Name _____

Bank Address _____

Routing Number _____

Account Number _____

Section 4. Change or Representative or Broker Dealer

Change of Registered Representative:

Previous Representative: _____

New Representative: _____

Address of Representative: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Change of Broker Dealer:

Previous Broker-Dealer: _____

New Broker-Dealer: _____

Registered Rep of New BD: _____

Address of BD: _____

Telephone Number _____

Fax Number _____

Representative & Broker-Dealer Signatures (Required for Section 4)

Broker-Dealer Authorized Principal:

Date _____

Signature _____

Print Name _____

Registered Representative:

Date _____

Signature _____

Print Name _____

Section 5: Transfer on Death (T.O.D.) Form

- A Transfer on Death (T.O.D.) designation transfers ownership of Units to the registered owner's (owners') beneficiary(ies) upon death; provided that the above-referenced investment program(s) receive(s) proof of death and other documentation it (they) deem(s) necessary or appropriate.
- Until the death of the account owner(s), the T.O.D. beneficiary(ies) has (have) no present interest in, or authority over, the T.O.D. account.
- A T.O.D. designation will be accepted only where Units are owned by a natural person and registered in that individual's name or by two or more natural persons as joint tenants with rights of survivorship.
- Accounts registered to trusts, corporations, charities, and other such entities may not declare a T.O.D. designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a T.O.D. for accounts registered to a natural person.
- This form must not be used in conjunction with custodial held registrations. Under custodial held registrations, TOD designations of beneficiaries will be collected by the Custodian.
- A T.O.D. designation on an account will remain in effect until Bourne Financial Group, LLC has confirmed any request to amend such designation. All written requests should be mailed to the address listed below.
- A T.O.D. designation may be voided at any time by the above-referenced investment program(s), in its (their) sole discretion, if there is any doubt as to the validity or effectiveness of a T.O.D. designation.
- A T.O.D. designation will not be accepted from residents of Louisiana.
- A T.O.D. designation made by joint tenants with rights of survivorship does not take effect until the last of all multiple owners die. The surviving owners may revoke or change the T.O.D. designation at any time.

Name of Registered Owner: _____

SSN: _____ DOB: _____

Daytime Phone: _____

Name of Joint Registered Owner (if applicable): _____

SSN: _____ DOB: _____

Daytime Phone: _____

The beneficiary designations you make by executing this form will take precedence over any estate plans you may have established through a will or trust, so you are advised to consult with your tax and estate planning professionals.

Please Clearly Designate All Primary and Contingent Beneficiaries

I (we) authorize the above-referenced investment program(s) to register all of my (our) Units in beneficiary form, assigning ownership on my (our) death to my (our) beneficiary(ies). I understand that if more than one beneficiary is listed, percentages for each must be designated. If percentages are not designated, the Units will be divided equally. Percentages must equal 100%. For additional beneficiaries, please complete and attach an additional form.

Primary Beneficiary

Name: _____
Address: _____
Daytime Phone: _____
Relationship to Account Holder: _____
DOB: _____ SSN: _____
Designated Percentage: _____

Second Primary Beneficiary

Contingent Beneficiary

Name: _____
Address: _____
Daytime Phone: _____
Relationship to Account Holder: _____
DOB: _____ SSN: _____
Designated Percentage: _____

Third Primary Beneficiary

Contingent Beneficiary

Name: _____
Address: _____
Daytime Phone: _____
Relationship to Account Holder: _____
DOB: _____ SSN: _____
Designated Percentage: _____

By signing below, I (we) authorize the above-referenced investment program(s) to register all of my (our) Units in T.O.D. form. The designation(s) will be effective on the date of receipt. Accordingly, I (we) hereby revoke any beneficiary designation(s) made previously with respect to my (our) Units in the above-referenced investment program(s). I (we) have reviewed the information set forth below. I (we) agree on behalf of myself (ourselves) and my (our) heirs, assigns, executors, administrators and beneficiaries to indemnify and hold harmless the above-referenced investment program(s) and any and all of its (their) affiliates, agents, successors and assigns, and its and their respective directors, managers, officers and employees, from and against any and all claims, liability, damages, actions and expenses arising directly or indirectly out of or resulting from the transfer of my (our) Units in accordance with this T.O.D. designation. I (we) further understand that the above-referenced investment program(s) cannot provide any legal advice and I (we) agree to consult with my (our) attorney, if necessary, to make certain that the T.O.D. designation is consistent with my (our) estate and tax planning. Sign exactly as the name(s) appear(s) in the Subscription Agreement/Signature Page for the relevant investment program(s). All registered owners must sign. This authorization form is subject to the acceptance of the above-referenced investment program(s).

Signature Page (REQUIRED FOR ALL SECTIONS)

ALL INVESTORS MUST SIGN: This information is to remain in full force and effect until Bourne Financial Group has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford Bourne Financial Group and the Financial Institution a reasonable opportunity to act on it.

Investor 1:

Date _____
Signature _____
Print Name _____

Investor 2, if applicable:

Date _____
Signature _____
Print Name _____

Please return all fully executed documents to:

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