

PLEASE CHECK ALL TOTAL INCOME+ INVESTMENTS THAT APPLY:

- Acct. #: _____
- Total Income+ A Share _____
- Total Income+ C Share _____
- Total Income+ I Share _____
- Total Income+ L Share _____

Complete this form and return to address below.

Regular Mail: Total Income+ Real Estate Fund
C/O DST Systems, Inc.,
P.O. Box 219445
Kansas City, MO 64121-9445

Overnight Address: Total Income+ Real Estate Fund
C/O DST Systems, Inc.,
430 W. 7th Street, Suite 219445
Kansas City, MO 64105-1407

Fax: 833-742-3074
(Fax only accepted on non-custodial accounts)

INSTRUCTIONS

Please complete all applicable sections depending upon your account change(s). Check all boxes that apply.

- CHANGE OF ADDRESS** (Sections 1, 2 & 5) **CHANGE OF REPRESENTATIVE OR BROKER-DEALER** (Sections 1, 3 & 5) **DISTRIBUTION INSTRUCTIONS** (Sections 1, 4 & 5)

1.) CURRENT ACCOUNT OWNER INFORMATION

ACCOUNT NAME(S)

TELEPHONE NUMBER

 - -

REGISTERED OWNER'S SSN

 - -

2.) CHANGE OF ADDRESS

If you are providing an address outside of the U.S., please complete the following by indicating citizenship status (REQUIRED):

- U.S. Citizen Resident Alien Non-Resident Alien

If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W8EXP OR W8IMY).

Please indicate whether the change of address pertains to the:

- Mailing Address or Alternate Address

ADDRESS

CITY

STATE

ZIP CODE

NEW HOME TELEPHONE NUMBER

 - -

NEW BUSINESS TELEPHONE NUMBER

 - -

NEW E-MAIL ADDRESS

3.) CHANGE OF REPRESENTATIVE OR BROKER-DEALER

If the account owner chooses to change from one registered representative to another within the same broker-dealer, a signature is only required from an authorized principal of the broker-dealer. If the account owner chooses to transfer account(s) to a different broker-dealer, all registered account owners and an authorized principal from the new broker-dealer must sign. The registered representative on the account may **not** sign as the authorized principal for the broker-dealer. For custodial accounts, a Medallion Guarantee stamp or appropriate authorization from the custodian is required in section 5.

NEW FIRM NAME

NEW REGISTERED REPRESENTATIVE

FIELD REPRESENTATIVE NUMBER

BRANCH ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

 - -

FAX NUMBER

 - -

SIGNATURE BY
AUTHORIZED PRINCIPAL
REQUIRED

