



Registration Name: _____

Individual Name(s) on Account: _____

Please complete the name of the investment for which you would like your distribution payments directly deposited. If you are an investor in more than one Baceline investment, please list all that you wish to apply to this account.

Investment #1: _____

Investment #2: _____

Investment #3: _____

Investment #4: _____

Banking Information

Institution Name: _____

Type of Account: _____

Account Number: _____ ABA Routing Number: _____

Name on Account: _____

Email Address (for distribution notification): _____

Authorized Signature(s)

Authorized Signature (1) _____ Date

Authorized Signature (2) _____ Date

Upon completion of this form, please fax or email to Katie Lyon at 303.615.5801 or klyon@bacelineinvestments.com.