DIRECT DEPOSIT APPLICATION AND AGREEMENT

Please mail to:

Malkin Holdings LLC

One Grand Central Place 60 East 42nd Street, New York, NY 10165 (212) 687-8700



INVESTOR INFORMATION				
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Enter name and address under which investment(s) is held or checks authorized:				
Name (First, MI, Last)				
Address				
City	State Z	ip Code	E-mail Address	
Daytime Telephone Number Evening Telephone Number				
Social Security Number Tax ID Number				
BANK ACCOUNT INFORMATION				
Name of Bank (or Financial Institution)				
Account Number				
MONTHLY ADVICE				
Each time an electronic transfer is made into your account, you will receive an advice notifying you of the transaction.				
Please indicate your preference by checking ONE of the following options:				
☐ I wish to utilize E-Advice and receive an electronic advice via e-mail notifying me of deposits made to my account.☐ I wish to receive a paper advice via U.S. mail notifying me of deposits made to my account.				
 A. Malkin Holdings LLC's sole responsibility is to electronically transfer each distribution to this bank account and to send me a notice of the distribution. C. Direct deposit to this bank account shall continue until change by proper written instruction from me or the record owner of applicable investment(s). 				il changed wner of the
B. Malkin Holdings LLC and its agents have no responsibility for D. Malkin Holdings LLC may at any time, without prior notice,				
any acti	any action or inaction by the bank, any party with access to the bank account, or any third party. cancel or suspend this direct deposit arrangement and mail the applicable distribution checks to the address for the record owner or other authorized recipient.			d instead then on file
Signature Date				
Direct Deposit generally will be activated within 60 days of receipt of this form. Please attach voided check below.				
ATTACH VOIDED CHECK HERE				