



ACCOUNT MODIFICATION FORM

Complete and deliver this form to:
Moody National REIT II, Inc.
P: (888) 457-2358 F: (713) 273-6663

Regular Mail:
P.O. Box 219280
Kansas City, MO 64121-9280

Express/Overnight:
430 West 7th Street
Kansas City, MO 64105-1407

INSTRUCTIONS (Sections 1 and 7 must be completed for ANY requested changes)

This form may be used to make the following changes (*complete all that apply*):

Section 2: Change or correction of address or record.

Section 3: Add an alternate address where duplicate tax and/or distribution statements may be sent.

Section 4: Distribution modification request for non-qualified accounts. ***For qualified accounts, custodian signature is required.***

Section 5: Add or change a power of attorney. Add or change trustee for a trust or perpetual entity (e.g. corporation, pension or profit sharing plan). Change name due to divorce or marriage. ***Must be signed by investor(s).***

Section 6: Change financial advisor. ***Must be signed by investor(s).***



1. REGISTRATION NAME

Account Number: _____

Name of Trust/Plan (if applicable): _____ Tax ID/SSN: _____

Name of Investor/Trustee: _____ Tax ID/SSN: _____

Name of Joint Investor/Trustee (if applicable): _____ Tax ID/SSN: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening phone: _____

The following is required for Custodial Accounts

Name of Custodian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Custodian Telephone Number: _____ Custodian Tax ID/SSN: _____

Custodian Account Number: _____

2. ADDRESS OF RECORD CHANGE

New Physical Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening phone: _____

Email: _____

3. ALTERNATE ADDRESS (for duplicate statements)

Mailing Address (can be a P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening phone: _____

Email: _____

4. DISTRIBUTION MODIFICATION

Non-Custodial Ownership (check only one)

- I prefer to participate in the Distribution Reinvestment Plan (DRIP). In the event that the DRIP is not offered for distribution, your distribution will be sent by check to the mailing address of record.
- I prefer that my distribution be paid by check to the address of record.
- I prefer that my distribution be deposited directly into the account listed as follows (no ACH for brokerage accounts):

Name of Financial Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name(s) listed on Account: _____

Checking (*please provide voided check*) Savings (*please provide voided check*) Brokerage Account

Account Number: _____ Routing Number (*for checking & savings only*): _____

Custodial Ownership (*check only one*)

I prefer to participate in the Distribution Reinvestment Plan (DRIP). In the Event that the DRIP is not offered for a distribution, your distribution will be sent to your Custodian for deposit into your Custodial account.

I prefer that my distribution be sent to my Custodian for deposit into my Custodial account.

5. CHANGE OF POWER OF ATTORNEY/TRUSTEE/NAME (*investor signature required in section 7*)

Add or Change Power of Attorney to: _____

Add or Change Trustee Name to: _____

Date of Birth: _____ Tax ID/SSN: _____

Change Name due to Marriage or Divorce to: _____

6. CHANGE OF FINANCIAL ADVISOR (*investor signature required in section 7*)

New RIA or Broker/Dealer Firm Name: _____

New Financial Advisor/Registered Representative: _____

Rep ID#: _____ Branch #: _____

Mailing Address (*can be a P.O. Box*): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ Email: _____

7. SIGNATURES

Investor/Authorized Person/Trustee Signature Date

Joint Investor/Trustee/Custodian Signature (*if applicable*) Date

Financial Advisor Signature (*if applicable*) Date

