



# MDS Energy Development, LLC

## Account Modification Form

**Important:** When completed and signed, please mail the original form to:

MDS Investor Services  
 c/o Great Lakes Fund Solutions, Inc.  
 500 Park Avenue, Suite 114  
 Lake Villa, IL 60046-6550

Phone: (847) 265-5000  
 Fax: (847) 265-1472  
[compliance@glfsi.com](mailto:compliance@glfsi.com)

### Instructions

All applicable sections must be completed for your account to be modified.

For a change of distribution instructions, this form must be received by us 30 days prior to the next distribution payable date.

**Sections 1 and 10 MUST be completed for all requested changes. Certain sections require a guarantee by medallion signature.**

**This form may be used to make the following changes:**

- Section 2** Update or correct address of record
- Section 3** Add an alternate address to where correspondence, tax documents, and/or distribution statements may be sent
- Section 4** Revise distribution instructions
- 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 marriage or divorce
- Section 6** Add or revise transfer on death (TOD) election
- Section 7** Change financial advisor
- Section 8** Change financial advisor's broker/dealer firm
- Section 9** Add or revise election to receive electronic delivery of Partnership materials

# MDS Energy Development, LLC

## Account Modification Form

**1**

### Required for ALL Changes

**Important:** Please type or use BLOCK letters.

**Note:** Account number may be found on distribution statement.

### Registration Name(s) on Account

Please indicate which Partnership account(s) you wish to modify:

- |   |   |
|---|---|
| <input type="checkbox"/> MDS Wells 2006, LP               | <input type="checkbox"/> MDS 2015-Marcellus Shale Dev, LP |
| <input type="checkbox"/> MDS Wells 2007, LP               | <input type="checkbox"/> MDS Energy Partners, LP          |
| <input type="checkbox"/> MDS Wells 2008, LP               |   |
| <input type="checkbox"/> MDS Wells 2009, LP               |   |
| <input type="checkbox"/> MDS Wells 2010, LP               |   |
| <input type="checkbox"/> MDS Wells 2011, LP               |   |
| <input type="checkbox"/> MDS 2012-Marcellus Shale Dev, LP |   |
| <input type="checkbox"/> MDS Energy Public 2013-A, LP     |   |
| <input type="checkbox"/> MDS 2014-Marcellus Shale Dev, LP |   |

Primary Account Owner\*:

\_\_\_\_\_

Social Security Number (or) Tax Identification Number:

\_\_\_\_\_

Account Number (Owner ID): \_\_\_\_\_

Joint Account Owner\* (if applicable):

\_\_\_\_\_

Social Security Number (or) Tax Identification Number:

\_\_\_\_\_

\*Print exactly as name appears on subscription agreement or, if applicable, transfer of partnership units agreement

**2**

### Address of Record Change

Legal Address (No P.O. Boxes):

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Alternate Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Alternate Email:

\_\_\_\_\_

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Direct correspondence and tax documents to this address in addition to the address of record.

**Alternate Address Change**

Name(s): \_\_\_\_\_

Mailing Address (*Can be a P.O. Box*):  
\_\_\_\_\_

City, State, Zip:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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**Note:** If changing Financial Advisors, please also complete Section 7.

**Distribution Change Instructions**

**Directly deposit distributions to the account indicated below. Please attach voided/cancelled check, or instructions provided by my financial institution for my savings or brokerage account.**

Savings Account

Checking/Brokerage Account

**Mail or provide ACH distributions directly to the Financial Institution indicated as follows:**

Financial Institution (or Fund Name):  
\_\_\_\_\_

Account #:

Routing # (Nine Digits):

For the Benefit of (FBO):  
\_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

City, State, Zip:  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_

Fax:  
\_\_\_\_\_

Email:  
\_\_\_\_\_

Additional Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Kindly attach a cancelled/voided check OR  
ACH instructions from your financial institution\*\*\*

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**Important:** Copy of power of attorney, registration and acceptance of trustee, corporate resolution, marriage certificate, divorce decree or court order must be provided, as applicable.

**Change of Power of Attorney/Trustee/Name**

Add or Change Power of Attorney to: \_\_\_\_\_

Add or Change Trustee Name to: \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ *Social Security Number:* \_\_\_\_\_

Change Name due to Marriage or Divorce to: \_\_\_\_\_

**Note:** Please remember to make changes to address, distribution instructions or financial advisor, if applicable.

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**Must be guaranteed by medallion signature in Section 10.**

\*\*Please attach additional pages for more beneficiaries.

**Transfer on Death (TOD) Election**

I hereby designate the following person(s) as my beneficiary(ies). If I live in a state with community property statutes and do not designate my spouse as the sole primary beneficiary, I represent and warrant that my spouse has consented to such designation.

**NOTE:** Units cannot be split below one-half (0.5) per beneficiary.

(1) Beneficiary: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number (or) Tax Identification Number: \_\_\_\_\_

Primary Beneficiary       Contingent Beneficiary      \_\_\_\_\_ Unit(s)

(2) Beneficiary: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number (or) Tax Identification Number: \_\_\_\_\_

Primary Beneficiary       Contingent Beneficiary      \_\_\_\_\_ Unit(s)

(3) Beneficiary: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number (or) Tax Identification Number: \_\_\_\_\_

Primary Beneficiary       Contingent Beneficiary      \_\_\_\_\_ Unit(s)

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**Note:** Please remember to make changes to distributions in Section 4, if applicable.

**Change of Investor's Financial Advisor**

New Registered Representative: \_\_\_\_\_

Rep CRD #: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Broker/Dealer Firm: \_\_\_\_\_

Firm CRD #: \_\_\_\_\_

Rep Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of New Registered Representative

Date: \_\_\_\_\_

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**Note:** This section should be completed if a financial advisor changes to a new broker/dealer firm.

\*\*Please attach additional pages for more investor accounts.

**Change of Financial Advisor's Broker/Dealer Firm**

Registered Representative: \_\_\_\_\_

Rep CRD #: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

New Broker/Dealer Firm: \_\_\_\_\_

Firm CRD #: \_\_\_\_\_

Firm Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Investor account(s) affected by change of firm\*\*:

(1) \_\_\_\_\_ Account #: \_\_\_\_\_

(2) \_\_\_\_\_ Account #: \_\_\_\_\_

(3) \_\_\_\_\_ Account #: \_\_\_\_\_

(4) \_\_\_\_\_ Account #: \_\_\_\_\_

(5) \_\_\_\_\_ Account #: \_\_\_\_\_

(6) \_\_\_\_\_ Account #: \_\_\_\_\_

(7) \_\_\_\_\_ Account #: \_\_\_\_\_

(8) \_\_\_\_\_ Account #: \_\_\_\_\_

(9) \_\_\_\_\_ Account #: \_\_\_\_\_

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(10) _____	Account #: _____
(11) _____	Account #: _____
(12) _____	Account #: _____
(13) _____	Account #: _____
(14) _____	Account #: _____
(15) _____	Account #: _____
_____	Date: _____
Signature of Registered Representative	

<b>9</b>	<b>Electronic Delivery Election</b>
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*Electronic delivery of Partnership communications is available; and if you would prefer to receive such communications and statements electronically, please affirmatively elect to do so by checking the Partnership(s) in Section 1 for which you elect to receive the electronic delivery of Partnership communications and notifications, and signing below where indicated.*

We encourage you to reduce printing and mailing costs, and to conserve natural resources, by electing to receive electronic delivery of Partnership communications and statement notifications. By consenting below to electronically receive Partnership communications, including your account-specific information, you authorize the Partnership(s) to e-mail Partnership communications to you directly or notify you by e-mail when such documents are available and how to access the documents. You will not receive paper copies of any materials unless specifically requested, the delivery of electronic materials is prohibited or we, in our sole discretion, elect to send paper copies of the materials.

Sign below if you consent to the electronic delivery of all materials that may be required to be delivered under federal or state law as well as account-specific information such as monthly account statements or tax information including your federal and state Form K-1 and/or Form 1099. Your consent will be effective until you revoke it in writing.

Please carefully read the following representations before consenting to receive documents electronically. By signing this box and consenting to receive documents electronically, you represent the following: **(a)** I acknowledge that access to both Internet e-mail and the World Wide Web is required in order to access documents electronically. I may receive by e-mail notification the availability of a document in electronic format. The notification e-mail will contain a web address (or hyperlink) where the document can be found. By entering this address into my web browser, I can view, download, and print the document from my computer. I acknowledge that there may be costs associated with the electronic access, such as usage charges from my Internet provider and telephone provider, and that these costs are my responsibility. **(b)** I acknowledge that documents distributed electronically may be provided in Portable Document Format (PDF). Software is required to view documents in PDF format. Adobe Reader® is one example of such software and is available free of charge from [www.adobe.com](http://www.adobe.com). The software must be correctly installed on my system before I will be able to access documents. Electronic delivery also involves risks related to system or network outage that could impair my timely receipt of or access to Partnership materials. **(c)** I acknowledge that if the e-mail notification is returned to the respective Partnership(s) as "undeliverable", a letter will be mailed to me with instructions on how to update my e-mail address to begin receiving materials via electronic delivery. I further understand that if the respective Partnership(s) is/are unable to obtain a valid e-mail address for me, the respective Partnership(s) will resume sending a paper copy of materials by U.S. mail to my address of record. **(d)** I acknowledge that my consent may be updated or cancelled, including the e-mail address to which notifications are delivered by calling Investor Services at (847) 265-5000 or by emailing [compliance@glfsi.com](mailto:compliance@glfsi.com) during normal business hours Monday through Friday except holidays.

Owner e-mail address is \_\_\_\_\_

Co-owner e-mail address is \_\_\_\_\_

**Joint Accounts:** If your Social Security number is the primary number on a joint account and you opt-in to electronic delivery, each consenting joint account holder must have access to the e-mail account provided.

*Your e-mail address will be held in confidence and used only for matters relating to your investments.*

<b>10</b>	<p><b>Required for ALL Changes:</b></p> <p>If the owner is not signing this form, the Authorized Person must state the capacity in which he/she is authorized to sign next to his/her signature. Such capacity is to be defined and proven to the Guarantor in order to obtain a Medallion Guarantee.</p> <p>If signing for an entity, the signatory must (a) state his/her title, (b) state the legal name of the entity exactly as it appears on the books of the Partnership, and (c) include a copy of a certified resolution indicating his/her authority to act on behalf of the entity.</p>
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Required Signatures
<p><b>All Investors or Authorized Person(s) MUST SIGN BELOW</b></p> <p>Owner/Authorized Person's Signature: _____</p> <p>Date: _____</p> <p><b>Affix Medallion Signature Guarantee Stamp (if applicable):</b></p>          <p>Joint Owner/Authorized Person's Signature: _____</p> <p>Date: _____</p> <p><b>Affix Medallion Signature Guarantee Stamp (if applicable):</b></p>

**IMPORTANT:** When completed and signed, kindly mail the original form to:

MDS Investor Services  
c/o Great Lakes Fund Solutions, Inc.  
500 Park Avenue, Suite 114  
Lake Villa, IL 60046-6550