



# 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

<b>1</b>	<p><b>Required for ALL Changes</b></p> <p><b>Important:</b> Please type or use BLOCK letters.</p> <p><b>Note:</b> Account number may be found on distribution statement.</p>
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Registration Name(s) on Account		
<p>Please indicate which Partnership account(s) you wish to modify:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> MDS Wells 2006, LP  <input type="checkbox"/> MDS Wells 2007, 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                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> MDS 2015-Marcellus Shale Dev, LP  <input type="checkbox"/> MDS 2016-Marcellus Shale Dev, LP  <input type="checkbox"/> MDS 2017-Marcellus Shale Dev, LP                 </td> </tr> </table> <p>Primary Account Owner*: _____</p> <p>Social Security Number (or) Tax Identification Number: _____</p> <p>Account Number (Owner ID): _____</p> <p>Joint Account Owner* (if applicable): _____</p> <p>Social Security Number (or) Tax Identification Number: _____</p> <p><small>*Print exactly as name appears on subscription agreement or, if applicable, transfer of partnership units agreement</small></p>	<input type="checkbox"/> MDS Wells 2006, LP <input type="checkbox"/> MDS Wells 2007, 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	<input type="checkbox"/> MDS 2015-Marcellus Shale Dev, LP <input type="checkbox"/> MDS 2016-Marcellus Shale Dev, LP <input type="checkbox"/> MDS 2017-Marcellus Shale Dev, LP
<input type="checkbox"/> MDS Wells 2006, LP <input type="checkbox"/> MDS Wells 2007, 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	<input type="checkbox"/> MDS 2015-Marcellus Shale Dev, LP <input type="checkbox"/> MDS 2016-Marcellus Shale Dev, LP <input type="checkbox"/> MDS 2017-Marcellus Shale Dev, LP	

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Address of Record Change
<p>Legal Address (No P.O. Boxes): _____</p> <p>City, State, Zip: _____</p> <p>Phone Number: _____</p> <p>Alternate Phone: _____</p> <p>Email: _____</p> <p>Alternate Email: _____</p>

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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 #: \_\_\_\_\_



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.*

**10 Required for ALL Changes:**

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.

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.

**Required Signatures**

**All Investors or Authorized Person(s) MUST SIGN BELOW**

Owner/Authorized Person's Signature: \_\_\_\_\_

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

**Affix Medallion Signature Guarantee Stamp (if applicable):**

Joint Owner/Authorized Person's Signature: \_\_\_\_\_

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

**Affix Medallion Signature Guarantee Stamp (if applicable):**

**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