



# ADDRESS CHANGE FORM

Unitholder Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**In the event we need to contact you, please provide your phone number and/or email. If both are provided please indicate preferred method of communication.**

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

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

**Please return completed form to the following:**

Ramco Gershenson, Inc.  
Attn: Shari Thakady  
31500 Northwestern Highway, Suite 300  
Farmington Hills, MI 48334  
sthakady@rgpt.com