



## Change of Distribution Form

Please use this form to have checks mailed to a new Payee. Please note that this does not apply to IRA's or Qualified Plans as your distribution must go to the custodian of your account.

<b>ICON Partnership(s)</b>	ICON Cash Flow Seven Liquidating Trust	ICON Fund Nine	ICON Fund Twelve
	ICON Income Fund Eight A Liquidating Trust	ICON Fund Ten	ICON Fund Fourteen
	ICON Fund Eight B	ICON Fund Eleven	

### Current Account Information

Name

Address

City

State

Zip

Current Payee

Account Number

### New Payee Information

Payee

Account Number

Address

City

State

Zip

**Investor Signature(s)** \_\_\_\_\_

\_\_\_\_\_  
(Signatures of joint investors are required)

### Please complete this form and mail or fax to

ICON Capital Corp.  
Investor Relations  
150 Grossman Drive, Suite 315  
Braintree, MA 02184  
Fax (781) 380-8788

**Should you have any questions, please call (888) 729-4266.**