



ICON Capital Corp.

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.*

ICON Partnership(s)

Series Seven Fund Nine Fund Twelve

Fund Eight A Fund Ten

Current Account Information

Fund Eight B Fund Eleven

Name _____

Address _____

City, State, Zip _____

Current Payee _____

Account No. _____

New Payee Information

Payee: _____

Account Number _____

Address _____

City, State & Zip _____

Investor Signature(s)

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 x140.