



Direct Deposit Form

Please use this form only if you would like your cash distribution to be electronically deposited to a bank account. *Please note that this does not apply to IRA's or Qualified Plans as your distribution must go to the custodian of your account.*

Investor Name(s): _____

Bank Name: _____

Bank Routing No.: _____

Last 4 digits of Social Security No.: _____

Account No.: _____

Investor Address: _____

Bank Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____

Zip: _____

Account Type: Checking or Savings
(Please circle one)

Investor Signature(s): _____

: _____
(Signatures of joint investors are required)

Please Check the applicable ICON partnership:

- ICON Cash Flow Partners L.P. Seven Liquidating Trust
- ICON Income Fund Eight A
- ICON Income Fund Eight B
- ICON Income Fund Nine, LLC
- ICON Income Fund Ten, LLC
- ICON Leasing Fund Eleven, LLC
- ICON Leasing Fund Twelve, LLC

Please complete this form and mail or fax to:

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

Should you have any questions, please call (888) 729-4266 x 140.