

# Florida Keys Tax Free Income Fund LLC

PO Box 772223  
Ocala FL 34477-2223  
352-369-9140  
Fax 352-873-1550

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME OR INITIAL (optional) \_\_\_\_\_

SUFFIX (Sr., Jr., III, etc.) \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ARE YOU A U. S. CITIZEN YES (\_\_\_) NO (\_\_\_)

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Married couples, please use only one name on application.

Copy of driver's license with matching address must accompany application.

Checks to be made to Florida Keys Tax Free Income Fund, or FKTFIF

Wiring instructions will be supplied upon request.

Do not scan and e-mail this application, mail to above address.