



## ACCOUNT MAINTENANCE FORM

<p><b>Return Completed Form To:</b></p> <p>INVESTOR RELATIONS 34232 Pacific Coast Highway Suite B Dana Point, CA 92629</p>	<p><b>Contact Us</b></p> <p>Tel: 949.429.8500 Fax: 844.943.4995 Email: <a href="mailto:investors@tritonpacificinvestments.com">investors@tritonpacificinvestments.com</a></p>
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This form may be used to:

**Update Address Of Record (section 2)**

Financial representative of record or investor can also update an investor's address by calling Investor Relations.

**Submit Name Change (section 3)**

Applicable legal documentation showing your name change such as a marriage certificate or change of name affidavit is required with this form.

**Update Interested Party (section 4)**

You can add or delete an existing interested party as well as request that duplicate statements be sent.

**Change Distribution Method (section 5)**

Elect to reinvest distributions or have them sent to you directly. Keep in mind that custodial account distributions must be sent to the custodian. Any change in custodial instructions such as address or banking information require custodial authorization as well.

**Update Broker Dealer/RIA Information (section 6)**

Update information for your existing representative and/or associated firm. Investor signatures are required in Section 8. If changes are made for section 5 or 6, Custodial Authorization is also required.

## 1. INVESTMENT REGISTRATION INFORMATION

Owner/Beneficial Owner: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Joint Owner/Beneficial Owner: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TP Flexible Income Fund Account Number (can be found on quarterly statement): \_\_\_\_\_

I/We authorize information to be changed on all Companies recorded under the above-referenced SSN/TIN

I/We authorize information to be changed on only the following Company(ies):

Company Name: \_\_\_\_\_

## 2. CHANGE OF ADDRESS

New Physical Address:

\_\_\_\_\_  
Street City State Zip Code

New Mailing Address:

\_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

## 3. NAME CHANGE

Applicable legal documentation showing your name change, such as marriage certificate or change of name affidavit is required with this form.

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_  
(First, Middle, Last) (First, Middle, Last)

Former Signature: \_\_\_\_\_ New Signature: \_\_\_\_\_

## 4. INTERESTED PARTY UPDATE

I want to:

Add an Interested Party

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have TP Flexible Income Fund send Quarterly Reports to this Interested Party:  YES  NO

Remove an Interested Party

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

## 5. CHANGE OF DISTRIBUTION INSTRUCTIONS

(CUSTODIAN AUTHORIZATION REQUIRED FOR CUSTODIAL ACCOUNTS)

- Reinvested: all distributions from the company(ies) indicated above will be reinvested into the same company(ies).
- Mailed to me at my address of record (distributions for custodial accounts will be mailed to the custodian of record).
- Mailed to me at the following address:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Deposited into a checking, savings or brokerage account.

I authorize TP Flexible Income Fund to deposit my distributions into the account indicated below. This authority will remain in force until I notify the applicable company in writing to cancel it. In the event that any company deposits funds erroneously into my account, the company is authorized to debit my account for the amount of the erroneous deposit. I also hereby acknowledge that funds and/or shares in my account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the Franklin Square companies, their affiliates, their agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws. I acknowledge that distributions may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the applicable companies for investment. Any capital returned to shareholders through distributions will be made after payment of fees and expenses, as well as the sales load.

Name of Financial Institution: \_\_\_\_\_

Account Type:  Checking  Savings  Brokerage  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ABA Routing Number (if applicable): \_\_\_\_\_ Account Number: \_\_\_\_\_

## 6. CHANGE OF BROKER DEALER / REGISTERED INVESTMENT ADVISER (RIA)

(CUSTODIAN AUTHORIZATION REQUIRED FOR CUSTODIAL ACCOUNTS)

New Broker Dealer or RIA Firm Name: \_\_\_\_\_

New Financial Representative Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Advisor Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned Broker Dealer, financial advisor or registered investment advisor represents and warrants that he or she has reasonable grounds to believe that this investment is suitable for the investor. The Broker Dealer, financial advisor or registered investment advisor further represents and certifies his or her adherence to all applicable policies and procedures under his or her firm's existing Anti-Money Laundering Program and Customer Identification Program.

Financial Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## 7. INVESTOR AUTHORIZATION AND SIGNATURE

The undersigned hereby authorizes and instructs TP Flexible Income Fund to implement the changes indicated on this form for the company(ies) indicated in Section 1 of this form on or after the date this form is processed. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the applicable company. If the investor currently has direct deposit of distributions, the company(ies) shall continue to comply with the investor's existing instructions.

For investors electing to participate in the Distribution Reinvestment Plan of a company, the undersigned warrants receipt of the current prospectus for the applicable company(ies) no later than five business days prior to the date set forth below. The undersigned also warrants that he or she meets the suitability requirements of the applicable company(ies) and of the individual's state, as applicable. A copy of the applicable company's current prospectus may be obtained by contacting your financial advisor.

The undersigned acknowledges that he or she has a duty to promptly notify the company(ies) in writing if, at any time during which he or she is participating in the Distribution reinvestment Plan of the company(ies), or cannot make the representations or warranties set forth in the original subscription agreement.

My (our) signature(s) below indicated I (we) have read the foregoing and agree to the terms herein. I (We) acknowledge that information and distributions made and/or sent prior to the date upon which this instruction becomes effective (up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for and arranged. This instruction supersedes all prior instructions regarding the subject matter hereof.

Financial Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Custodian Authorization  
(Required for custodial accounts)

[Medallion Signature Guarantee Stamp]
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Date: \_\_\_\_\_

\*Original Custodian Authorization Required\*