TRITON | PROSPECT
TP FLEXIBLE INCOME FUND

TITLE TRANSFER - TRANSFEROR

Full Name of Fund: _____

Number of Shares to be Transferred: _____

TRANSFEROR (SELLER'S) INFORMATION:

Investor Number: _____ Title: _____

Investor Address: _____

_____

Phone: _____ Investor Tax ID: _____

CUSTODIAN INFORMATION (for qualified retirement plans):

Custodian Number: _____ Title:

Custodian Address: _____

_____

Phone: _____ Custodian Tax ID: _____

By executing this form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation.

REASON FOR TRANSFER (check one):

- ☐ Re-registration (name change, divorce, individual to trust, etc.)
- ☐ Sale (Please include Price per Share or Unit) _____
- ☐ Death
- ☐ Gift
- ☐ Other (please specify) _____

_____ _____ _____ _____

Transferor Signature Date Transferor Signature Date

_____ _____

Transferor Signature Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

TP Flexible Income Fund
Attention: Investor Services Department
2401 Kerner Boulevard
San Rafael, CA 94901-5569

Medallion Signature Guarantee Required

California Residents: It is unlawful to consummate a sale or transfer of limited partnership interests or any interests therein, or to receive any compensation therefore, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.

TRITON | PROSPECT
TP FLEXIBLE INCOME FUND

TITLE TRANSFER - TRANSFEREE

Full Name of Fund: _____

Number of Shares to be Transferred: _____

TRANSFEREE (BUYER'S) INFORMATION:

Investor Number: _____ Title: _____

Address: _____ Phone: _____

_____ Tax ID: _____

Chck one: ☐ US Citizen ☐ Country of Residence _____

CUSTODIAN INFORMATION (for qualified retirement plans):

Custodian Number _____

Custodian Address _____ Phone: _____

_____ Acct #: _____

REGISTRATION TYPE (check one):

☐ Individual ☐ Joint Tenants ☐ Tenants in Common ☐ Community Property ☐ Trust

☐ Partnership ☐ Corporation ☐ UGMA (State ____) ☐ UTMA (State ____) ☐ IRA

☐ Sep IRA ☐ Roth IRA ☐ Profit Sharing Plan ☐ Pension Plan

☐ Other (specify) _____

BROKER DEALER INFORMATION:

Representative Name: _____ Rep Email: _____

Broker Dealer Affiliate: _____

Branch Address: _____ Rep Phone: _____

_____ Rep Fax: _____

DISTRIBUTION INFORMATION **(For taxable accounts. Non-taxable distributions will be sent to the custodian of record):**

Check One: ☐ Primary residence ☐ To my bank via ACH* ☐ Distribution Reinvestment Plan (DRIP)

Brokerage Account: Broker: _____ Title: _____

Address: _____ Phone: _____

If ACH is selected, a voided check is* **required*; **NO** deposit slips.*

By executing this form, the transferee(s) represent that they have received and/or reviewed the Prospectus and the other filings made by the Fund Sponsor with the Securities and Exchange Commission.

_____ _____

Transferor Signature Date

_____ _____

Transferor Signature Date

_____ _____

Custodian Signature (if applicable) Date

Medallion Signature Guarantee Required

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