



PROSPECT FLEXIBLE INCOME FUND

**BROKER DEALER / REP CHANGE REQUEST**  
PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: \_\_\_\_\_

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

Investor Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Broker Dealer Affiliate: \_\_\_\_\_

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

Branch Address: \_\_\_\_\_  
\_\_\_\_\_

Rep Phone #: \_\_\_\_\_

Rep Fax #: \_\_\_\_\_

Rep Email Address: \_\_\_\_\_

**ALL TITLEHOLDER SIGNATURES ARE REQUIRED.**

\_\_\_\_\_  
Investor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investor Signature

\_\_\_\_\_  
Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

Prospect Flexible Income Fund, Inc.  
**C/O Phoenix American Financial Services, Inc.**  
2401 Kerner Boulevard  
San Rafael, CA 94901-5569