



PROSPECT FLEXIBLE INCOME FUND

CHANGE DISTRIBUTION OPTION
PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Fund Name: _____
Investor Number: _____
Investor Name: _____
Investor Address: _____

Daytime Phone #: _____

Send Distribution Payment To: (Assign Applicable Percentage / Must Total 100%)

Primary Residence: _____ %
Distribution Reinvest Plan (DRIP): _____ % *The undersigned has elected to receive DRIP shares in lieu of cash.*
Directly to my bank via ACH: _____ % *For ACH - a voided check is required (No deposit slips)*
New Brokerage Account: _____ % *Please complete the information below.*
Name or Title: _____
Brokerage Name: _____
Street Address: _____
City, State & Zip: _____
Account #: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

Investor Signature

Date

Investor Signature

Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

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