



PROSPECT 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:

Prospect Flexible Income Fund, Inc.

**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 therefor, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.



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: \_\_\_\_\_

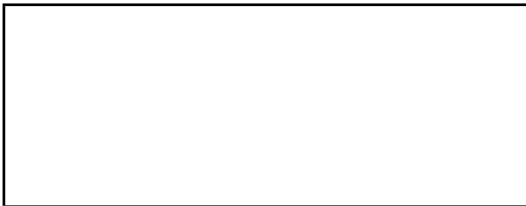
DISTRIBUTION INFORMATION (For taxable accounts. Non-taxable distributions will be sent to the custodian of record):

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 \_\_\_\_\_



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