



PROSPECT FLEXIBLE INCOME FUND

# CUSTODIAN CHANGE FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Full Name of Fund: \_\_\_\_\_

### TRANSFEROR (SELLER'S) INFORMATION:

Custodian Name (Transferor) \_\_\_\_\_ Phone # \_\_\_\_\_

Custodian Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_ No. of Share / Units \_\_\_\_\_

### INVESTOR INFORMATION:

Investor Name \_\_\_\_\_ Investor Tax ID \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Assignor hereby assigns the Assignee 100% of the Assignor's right, title and interest in the above named fund.

\_\_\_\_\_  
Authorized Custodian Signature

\_\_\_\_\_  
Date



*Medallion Signature Guarantee Required*

### ACCEPTING CUSTODIAN INFORMATION:

Custodian Name (Transferee) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_

Custodian Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_ No. of Share / Units \_\_\_\_\_

\_\_\_\_\_  
Authorized Custodian Signature

\_\_\_\_\_  
Date

### 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*