

## Distribution Reinvestment Plan

### one Investor Information

Thank you for your interest in the Corporate Capital Trust, Inc. Distribution Reinvestment Plan ("Reinvestment Plan"). We are pleased to offer this distribution option to our shareholders for their investment portfolios. In order to become a participant in the Reinvestment Plan, please complete this form and return it to the address indicated above. This form will not be accepted by Corporate Capital Trust, Inc. and DST Systems, Inc. (the "Reinvestment Agent") unless it is completed in its entirety.

By signing below, the registered shareholder(s) submitting this form appoint(s) the Reinvestment Agent as its agent under the terms of the Reinvestment Plan and certifies that the information contained herein is true and correct as of the date of this form. In addition, by signing below, the undersigned hereby certifies to Corporate Capital Trust, Inc. and the Reinvestment Agent that the undersigned (i) has received the current Prospectus for Corporate Capital Trust, Inc. and agrees to abide by the provisions of the Reinvestment Plan; (ii) meets the suitability requirements as stated in the current Prospectus for Corporate Capital Trust, Inc.; and (iii) has provided true and correct information as of the date of signature. The shareholder further agrees to notify Corporate Capital Trust, Inc. in the event that there is any material change in his/her financial condition such that the shareholder no longer meets the current suitability requirements or if any representation under this Authorization Form becomes inaccurate.

Print registration name(s) exactly as it appears on your account.

Name of Investor/Trustee Social Security or Tax ID Number

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Name of Co-Investor/Trustee (if applicable) Social Security or Tax ID Number

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Mailing Address Account Number

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City State Zip Code

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### two Financial Advisor or Investor Representative

Name of Participating Broker-Dealer or Financial Institution

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Name of Financial Advisor/Investor Representative

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### three Ownership Type

Select one.  Individual  Joint (all parties must sign)  IRA  Trust  Other\*

\*Ownership Type

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### four Authorized Signatures

Sign exactly as your account is registered. Signature of Investor/Trustee Date

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Signature of Co-Investor/Trustee Date

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