

Investor Change Form

Instructions

All pages must be completed for instructions to be acceptable and valid.

This form must be received 30 days prior to the next distribution payable date.

Sections 1 and 8 must be completed for all requested changes.

To obtain additional forms:

Investors should contact their financial advisor.

Please contact your custodian for the following changes on qualified accounts:

Change of custodian for a qualified account, such as an IRA.

Change of distribution destination, such as a custodian account number change.

This form may be used to make the following changes:

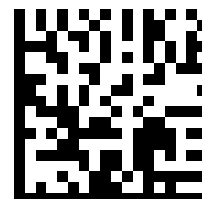
- Section 2: Change or correction of address of record
- Section 3: Add an alternate address where duplicate distribution statements may be sent
- Section 4: Change the Cost Basis method of computation for covered shares
- Section 5: Change Distribution instructions for non-qualified accounts
Change of Distributions for qualified accounts such as an IRA, please contact your custodian (except to remove DRP)
- Section 5: Terminate participation in the Distribution Reinvestment Plan (qualified and non-qualified accounts)
Distributions for qualified and brokerage accounts will be sent to the custodian
- Section 6: Add or change a Power of Attorney
- Section 6: Add or change Trustee for a Trust or Perpetual Entity (e.g. Corporation, Pension or Profit Sharing Plan) **Note:** only if the Trust name and/or SSN/TIN are *not* changing; **must be signed by investor(s)**
- Section 6: Change name due to divorce or marriage; **must be signed by investor(s)**
- Section 7: Change Financial Advisor; **must be signed by investor(s)**

Forms required to make the following changes:

Change of Ownership or Change of SSN/TIN: Transfer forms for applicable product(s)

Beneficiary Designation: Transfer on Death form (Individual and Joint Tenant WROS accounts only)

Participate in Dividend Reinvestment: Dividend Reinvestment Plan form (qualified and non-qualified accounts)



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one	Registration Name(s) on Account	
<p>Required For All Changes.</p> <p>Please type or use BLOCK letters.</p> <p>Locator I.D. may be found on distribution statement.</p>	Investor Name/Trustee	SSN/TIN
	Co-Investor Name/Trustee <i>(if applicable)</i>	SSN/TIN
	Account Number	
<input type="checkbox"/> Check if changes for multiple Social Security Number/TIN		

two	Address of Record Change		
	Mailing Address		
	City	State	Zip Code
	Phone Number	Fax	
	Email		

three	Alternate Address		
<p>Direct the following to this address in addition to the address of record.</p>	<input type="checkbox"/> Mail a duplicate of all mailings to the alternate address indicated below.		
	Name		
	Mailing Address		
	City	State	Zip Code
	Phone	Fax	
Email			

four	Cost Basis Method of Computation	
<p>Select one.</p>	<p>The issuer has elected the first-in, first-out (FIFO) method as the default for calculating cost basis for covered shares. This method will determine the gain or loss on the sale as well as the cost basis for the shares as defined in the product's offering documents.</p>	
	<input type="checkbox"/> First-in, First-out (FIFO)	<input type="checkbox"/> Last-in, First-out (LIFO)
	<input type="checkbox"/> Average Cost	<input type="checkbox"/> Specific Share Identification (SSI)

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five Change of Distribution Instructions

To participate in the Distribution Reinvestment Plan, contact Customer Service.

- Terminate** participation in the Distribution Reinvestment Plan.
- Mail Check** to the address of record. (Cash distributions for custodial and brokerage accounts will be sent to the custodian of record.)
- Mail check to Brokerage Account or Other:**

Name of Financial Institution

FBO

Account Number

Mailing Address

City

State

Zip Code

Complete for electronic deposit of distributions.

- Electronically deposit** distributions to the account indicated below:*

- Checking
- Savings
- Other

*Attach a voided check or instructions from your financial institution. (A deposit ticket does not contain the required ACH information.)

Name of Financial Institution

FBO

Account Number

DST Systems, Inc. or its named agent (hereinafter referred to as "DST") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.

six Change of Power of Attorney/Trustee/Name

Important Notice: Copy of Power of Attorney, Resignation and Acceptance of Trustee, Corporate Resolution, Copy of Marriage Certificate, Divorce Decree, Court Order or Death Certificate must be provided, as applicable.

Please remember to make changes to Address, Distribution Instructions or Financial Advisor, if applicable.

Add or Change Power of Attorney to:

Add or Change Trustee Name to; **must be signed by investor(s):**

Change Name to; **must be signed by investor(s):**

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seven Change of Financial Advisor or Investor Representative

Must be authorized by signature of the investor(s).

Please remember to make changes to Distributions, Section 5 if applicable.

New Broker-Dealer or Financial Institution Name

New Financial Advisor/Investor Representative

Advisor Number/Team

Mailing Address

City

State

Zip Code

Phone

Fax

Email

eight Required Signatures

Select One.

Sections 6 and 7 must be authorized with the signature of the Investor(s) and/ or Custodian.

I/we authorize information to be changed on all investments recorded under the above-referenced SSN/TIN.

I/we authorize information to be changed on only the following: registration, ownership type and/or product name.

Product Name

Financial Advisor/Investor Representative signature indicates representation that he/she is authorized to make changes on behalf of the investor(s).

Required Signatures – All Investors or Authorized Representative(s):

Signature of Investor/Trustee

Date

Signature of Co-Investor/Trustee – OR - Custodian

Date

Signature of Financial Advisor/Investor Representative

Date

Medallion Signature Guarantee Stamp

Medallion Signature Guarantee Stamp

is required only when the custodian is signing on behalf of the Investor/Trustee.

CORPORATE
CAPITAL TRUST

Return via Standard Mail:
Corporate Capital Trust, Inc.
PO Box 219984
Kansas City, MO 64121-9984

Return via Overnight Delivery:
Corporate Capital Trust, Inc.
430 W. 7th Street, Ste. 219984
Kansas City, MO 64105-1407

Customer Service
Toll-Free (877) 628-8575
Fax (844) 871-9770
