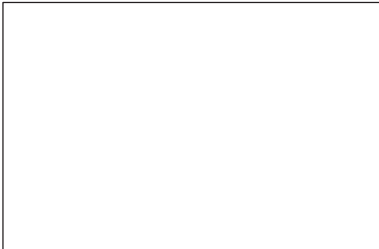
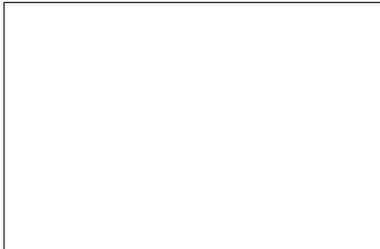
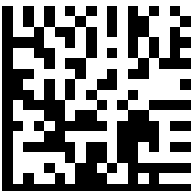


## Transfer Form

one	Current Investor (Transferor) Information		
Please print name(s) in which shares are currently registered.  *This form must be used to change a SSN/TIN under most circumstances.	Name of Investor/Trustee		Social Security or Tax ID Number*
	Name of Co-Investor/Trustee (if applicable)		Social Security or Tax ID Number*
	Street Address (required)		
	City	State	Zip Code
	Account Number		

Corporate Capital Trust, Inc. may reject any request for transfer of shares, in whole or in part, at its sole discretion.

two	Transfer Amount and Reason for Transfer
Please choose a reason for the transfer. (for tax reporting purposes)	<p><b>Important Notice:</b> The issuer has elected the first-in, first-out (FIFO) method as the default for calculating cost basis for covered shares as defined in the product's offering documents. If you have questions or wish to change the cost basis method, please go to the Company website and download the investor change form.</p> <p>This transfer is for the amount of _____ shares.</p> <p> <input type="checkbox"/> Inheritance (due to death)*                                  <input type="checkbox"/> Re-registration                                  <input type="checkbox"/> Gift                         </p> <p>                             Date of Death _____ (name change, divorce, etc.)                                  Date of Gift _____                         </p> <p>*There are no known disputes as to the persons entitled to a distribution under the non-probate transfer or the amounts to be distributed to each person and there are no known claims affecting the distribution requested. Affidavits of Domicile and Tax Waivers are required for applicable states and ownership types. Refer to your state for more details.</p>

three	Current Investor (Transferor) Signatures	
If this account involves a custodian, please forward the Transfer Form to the custodian for its signature and Medallion stamp guarantee with instructions to return the Transfer Form to the transfer agent, DST Systems, Inc.	By executing this Transfer Form, the Transferor represents that the transfer is made in accordance with all applicable federal and state securities laws and regulations. The signature(s) to this Transfer Form must correspond with the name(s) in which you hold the shares, in every particular, without alteration or any change whatsoever.	
	Signature of Current Investor/Trustee - OR - Executor of Estate	Date
We must have the original signature(s) of the registered owner(s)/ investor(s).	Signature of Co-Investor/Trustee - OR - Custodian (if applicable)	Date
	Medallion Signature Guarantee Stamp	Co-Medallion Signature Guarantee Stamp
		

**MEDALLION REQUIRED FOR ALL SIGNATURES**

**four New Investor (Transferee) Information**

Please print name(s) in which shares are to be registered.  *If this registration is in a Trust, Plan, or Corporation the SSN/TIN used should be associated with the Trust or other (i.e., Corporation) in Section 5.	Name of Investor/Trustee		Social Security or Tax ID Number*
	Name of Co-Investor/Trustee (if applicable)		Social Security or Tax ID Number*
	Street Address (required)		
	City	State	Zip Code
	Email Address		Phone Number

**Citizenship**

Select one.

- U.S. citizen       Resident Alien  
 U.S. citizen residing outside the U.S.      Country \_\_\_\_\_

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**For Custodial Accounts Only**

Name	Tax ID Number
Address	Custodian/Brokerage Acct. Number
City	State      Zip Code

**five New Investor (Transferee) Form of Ownership**

Select one:

**Non-Qualified – Single Owner**

- Individual       Individual with Transfer on Death\*

**Non-Qualified – Multiple Owners**

- Joint Tenant with Rights of Survivorship  
 Joint Tenants with Transfer on Death\*  
 Community Property

\*Requires Transfer on Death form that can be found at [www.CorporateCapitalTrust.com](http://www.CorporateCapitalTrust.com)

**Non-Qualified – Trust**

- Taxable Trust       Tax Exempt Trust

Name of Trust	SSN/TIN
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**Qualified**

- Traditional IRA       ROTH IRA       SEP/IRA  
 Rollover IRA       Beneficial IRA\*

\*Beneficial IRA Decedent Name

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**Non-Qualified – Minor**

- Uniform Gift to Minors Act  
 State of \_\_\_\_\_ DOB of Minor \_\_\_\_\_  
 Uniform Transfers to Minors Act  
 State of \_\_\_\_\_ DOB of Minor \_\_\_\_\_

**Other**

- C Corporation       S Corporation       Non-Profit Organization       Partnership  
 Pension Plan       Profit Sharing Plan       Disregarded Entity       Other

Name of Corporation/Plan Name/Estate/Other	Tax ID Number
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This information should be compliant with the IRS Form W-9 requirements. Please refer to instructions for Form W-9 at IRS.gov.

**six** **Distribution Instructions**

**Select one.**

Cash distributions for custodial and brokerage accounts will be sent to the custodian of record (unless the investor participates in the Distribution Reinvestment Plan).

\*Refer to the prospectus for the terms of the Distribution Reinvestment Plan.

- Reinvest in Corporate Capital Trust, Inc. shares\*
- Mail check to Investor/Trustee address entered in Section 4
- Mail check to Brokerage Account or Other:

Financial Institution		
FBO	Account Number	
Address		
City	State	Zip Code

Complete for electronic deposit of distributions.

\*\*Attach a voided check or instructions from your Financial Institution.

(A Deposit Ticket does not contain the required ACH information).

- Electronically deposit\*\* to:       Checking       Savings       Brokerage or other

Financial Institution		
ABA Routing Number	Account Number	

I authorize DST Systems, Inc. or its Agent (together, "DST") to deposit my distribution to my checking or savings account. This authority will remain in force until I notify DST in writing to cancel it. In the event that DST deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

**seven** **New Investor (Transferee) Signatures**

**A. Substitute IRS Form W-9 Certification:**  
 Under penalties of perjury, I certify that:  
 (1) the number shown on this subscription agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and  
 (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  
 (3) I am a U.S. citizen or other U.S. person (defined in IRS Form W-9 instructions).  
**YOU MUST CROSS OUT CERTIFICATION (2) AND CHECK THE "SUBJECT TO BACKUP WITH- HOLDING" BOX IN SECTION TWO OF THIS SUBSCRIPTION AGREEMENT IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE CURRENTLY SUBJECT TO BACKUP WITHHOLDING BECAUSE YOU HAVE FAILED TO REPORT ALL INTEREST AND DIVIDENDS ON YOUR TAX RETURN.**  
 The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**B. Taxpayer Securities Laws Confirmation (required):**

By executing this transferee form, the transferee represents that the transfer is made in accordance with all applicable federal and state securities laws and regulations.

Signature of New Investor/Trustee	Date
Signature of Co-New Investor/Trustee - OR - Custodian <i>(if applicable)</i>	Date

**eight** **Financial Advisor or Investor Representative Information**

Name of Participating Broker-Dealer or Financial Institution		
Name of Financial Advisor(s)/Investor Representative(s)	Advisor Number/Team ID	
Mailing Address		
City	State	Zip Code
Telephone	Fax	