BROKER DEALER / REP CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: _____

Investor Name: _____

Investor Address: _____

_____

Daytime Phone #: _____

Broker Dealer Affiliate: _____

Representative Name: _____

Branch Address: _____

_____

Rep Phone #: _____

Rep Fax #: _____

Rep Email Address: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

_____ _____ _____ _____

Investor Signature Date Investor 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

Print Form

FOR ASSISTANCE IN COMPLETING THIS FORM
PLEASE CALL THE INVESTOR SERVICES DEPARTMENT AT 833-824-1759