

INVESTOR ADDRESS CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number:				
Name:				
Fund Name:				
New Daytime Phone #				
Former Address:				
New Address: Legal Stri	EET A DDRESS	Require	D	
Additional Mailing Option	for a PO Box	•		
City, State & Zip:				
Effective Date:				
ALL TITLEHOLDER SI	GNATURE	S ARE R	EQUIRED.	
Investor Signature	D	ate	Investor Signature	Date
WHEN COMPLETED PLEASE F	PRINT AND MA	ILTO:		

Prospect Flexible Income Fund, Inc. Attention: Investor Services Department 2401 Kerner Boulevard San Rafael, CA 94901-5569