



BROKER DEALER / RIA CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Account Number: _____

Account Name: _____

Investor Address: _____ Investor Email: _____

Daytime Phone #: _____

Broker Dealer/RIA Firm: _____

Representative Name: _____

Rep # / CRD # _____

Branch Address: _____

Rep Phone #: _____

Rep Fax #: _____

Rep Email Address: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

Investor Signature Date Investor Signature Date

Custodian Signature (if applicable) Date

WHEN COMPLETED PLEASE PRINT AND MAIL TO:

Prospect Floating Rate and Alternative Income Fund, Inc.
clo Ultimus Fund Solutions
P.O. Box 46707
Cincinnati, OH 45246
Fax: 402-609-7043