



## CUSTODIAN CHANGE FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Fund Name: **Prospect Floating Rate and Alternative Income Fund, Inc.**

### TRANSFEROR (SELLER'S) INFORMATION:

Custodian Name (Transferor) \_\_\_\_\_ Phone # \_\_\_\_\_

Custodian Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_

### INVESTOR INFORMATION:

Investor Name \_\_\_\_\_ Investor Tax ID \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

The Assignor hereby assigns the Assignee 100% of the Assignor's right, title and interest in the above named fund.

\_\_\_\_\_  
Authorized Custodian Signature

\_\_\_\_\_  
Date

*Medallion Signature Guarantee Required*

### ACCEPTING CUSTODIAN INFORMATION:

Custodian Name (Transferee) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

Custodian Tax ID \_\_\_\_\_ Account Number \_\_\_\_\_

\_\_\_\_\_  
Authorized Custodian Signature

\_\_\_\_\_  
Date

*Medallion Signature Guarantee Required*

### PRINT AND MAIL TO:

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