



BROKER DEALER / RIA CHANGE REQUEST

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Investor Number: _____

Investor Name: _____

Investor Address: _____ Investor Email: _____

Daytime Phone #: _____

Broker Dealer / RIA Firm: _____

Representative Name: _____

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.
c/o Phoenix American Investor Services
P.O. Box 2189
San Rafael, CA 94912-2189
Fax: 415-485-4553