



CUSTODIAN CHANGE FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Full Name of Fund: _____

TRANSFEROR (SELLER'S) INFORMATION:

Custodian Name (Transferor) _____ Phone # _____

Custodian Tax ID _____ Account Number _____ No. of Share / Units _____

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 _____ No. of Share / Units _____

Authorized Custodian Signature

Date



Medallion Signature Guarantee Required

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