



CHANGE DISTRIBUTION OPTION

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

Fund Name: _____

Investor Number: _____

Investor Name: _____

Investor Address: _____

Daytime Phone #: _____ Email: _____

Send Distribution Payment To: **(Assign Applicable Percentage / Must Total 100%)**

Primary Residence: _____ %

Direct Reinvestment Plan (DRIP): _____ % *The undersigned has elected to receive DRIP shares in lieu of cash.*

Directly to my bank via ACH: _____ % *For ACH - a voided check is required (No deposit slips)*

New Brokerage Account: _____ % ***Please complete the information below.***

Name or Title: _____

Brokerage Name: _____

Street Address: _____

City, State & Zip: _____

Account #: _____

ALL TITLEHOLDER SIGNATURES ARE REQUIRED.

Investor Signature Date Investor Signature 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