



## TITLE TRANSFER - TRANSFEROR

Full Name of Fund: \_\_\_\_\_

Number of Shares to be Transferred \_\_\_\_\_

### TRANSFEROR (SELLER'S) INFORMATION:

Investor Number \_\_\_\_\_ Title \_\_\_\_\_

Investor Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Investor Tax ID \_\_\_\_\_

### CUSTODIAN INFORMATION (for qualified retirement plans):

Custodian Name \_\_\_\_\_

Custodian Address \_\_\_\_\_

Phone # \_\_\_\_\_ Custodian Tax ID \_\_\_\_\_

*By executing this form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation.*

### REASON FOR TRANSFER (check one):

Re-registration (name change, divorce, individual to trust, etc.)

Sale (Please include Price per Share or Unit) \_\_\_\_\_

Death

Gift

Other (please specify) \_\_\_\_\_

Transferor Signature \_\_\_\_\_ Date \_\_\_\_\_ Transferor Signature \_\_\_\_\_ Date \_\_\_\_\_

Custodian Signature for Qualified Plans \_\_\_\_\_ Date \_\_\_\_\_

### 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



*Medallion Signature Guarantee Required*



## TITLE TRANSFER - TRANSFEREE

Full Name of Fund: \_\_\_\_\_

Number of Shares to be Transferred \_\_\_\_\_

### TRANSFEREE (BUYER'S) INFORMATION:

Investor Number \_\_\_\_\_ Title \_\_\_\_\_

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

Email \_\_\_\_\_ Tax ID \_\_\_\_\_

Check One: ☐ US Citizen ☐ Country of Residence \_\_\_\_\_

### CUSTODIAN INFORMATION (if applicable):

Custodian Name \_\_\_\_\_

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

Acct # \_\_\_\_\_

### REGISTRATION TYPE (check one):

Individual ☐ Joint Tenants ☐ Tenants in Common ☐ Trust ☐ Community Property ☐

Partnership ☐ Corporation ☐ UGMA (State \_\_\_\_\_) ☐ UTMA (State \_\_\_\_\_) ☐ IRA ☐

Sep IRA ☐ Roth IRA ☐ Profit Sharing Plan ☐ Pension Plan ☐

Other (specify) \_\_\_\_\_

### BROKER DEALER INFORMATION:

Representative Name \_\_\_\_\_ Rep Email \_\_\_\_\_

Broker Dealer Affiliate \_\_\_\_\_

Branch Address \_\_\_\_\_ Rep Phone # \_\_\_\_\_

Rep Fax # \_\_\_\_\_

### DISTRIBUTION INFORMATION (For taxable accounts. Non-taxable distributions will be sent to the custodian of record):

Check One: ☐ Primary residence ☐ To my bank via ACH\* ☐ Direct Reinvestment Plan (DRIP)

Brokerage Account: Broker \_\_\_\_\_ Acct # \_\_\_\_\_

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

\*If ACH is selected, a voided check is **required**; **NO** deposit slips.

By executing this form, the transferee(s) represent that they have received and/or reviewed the Prospectus and the other filings made by the Fund Sponsor with the Securities and Exchange Commission.

Transferee Signature \_\_\_\_\_ Date \_\_\_\_\_

Transferee Signature \_\_\_\_\_ Date \_\_\_\_\_

Custodian Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Medallion Signature Guarantee Required

**SUBSTITUTE W-9: I HEREBY CERTIFY** under penalty of perjury (i) that the taxpayer identification number shown on this Transfer Form is true, correct and complete, (ii) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person.