

THIS CHANGE OF OWNERSHIP/APPLICATION FOR TRANSFER FORM may be used to transfer shares of Resource Credit Income Fund (the "Fund"). Please read the following important instructions and notices before completing this Form.

**INSTRUCTIONS**

1. The term transferor means the seller or sellers of the Shares. The term transferee is the party or parties to whom the Shares are to be transferred.
2. If the transfer is due to death, enclose the original death certificate, or a certified copy with an original Medallion signature guarantee. If there is an executor of the estate, enclose a copy of the letters of administration or court appointment of the executor dated within 90 days of the submission of this form.
3. If this account involves a custodian, forward this form to the custodian for its signature with instructions to return it to the Fund as indicated below.
4. Please Send To: Resource Credit Income Fund, P.O. Box 219169, Kansas City, MO 64121-9169. If you have any questions, please call (866) 773-4120.

**NOTICES**

1. Shares may be transferred only by the record owner or by its duly authorized agent or attorney upon (a) completion of forms obtained from the Fund, (b) due execution and delivery of such forms and other documents to the Fund as the Fund may require, and (c) payment in full for the Shares and any applicable transfer tax. The transfer of Shares is subject to all the limitations and restrictions contained in the Fund's charter and bylaws, both as amended and restated, and compliance with applicable state and federal securities laws.
2. With the exception of transfers by gift, transfers by inheritance, intrafamily transfers, family dissolutions, transfers to affiliates and transfers by operation of law (in each case without consideration paid), no transfer or assignment of Shares may be made (a) of less than \$2,500 in Shares (unless all Shares of transferor are transferred) or (b) if, as a result of such transfer, the transferor (other than a transferor transferring all of such transferor's Shares) will retain less than \$2,500 in Shares.
3. No transfer or assignment of any Shares may be made if counsel for the Fund is of the opinion that such transfer or assignment would be in violation of any federal or state securities or "Blue Sky" laws (including investment suitability standards) applicable to the Fund or in violation of the Fund's charter.
4. No transfer or assignment of any Shares may be made unless the transferee has paid all reasonable expenses connected with such transfer.
5. The Fund shall recognize any transfer of Shares properly made as of the close of business on the date recorded by the Fund's transfer agent on the books of the Fund. Until such time as the properly completed written instrument of transfer and all other required documentation has been received by the Fund and recorded on its books, the Fund shall be entitled to treat the transferor of such Shares as the absolute owner thereof in all respects and shall incur no liability for distributions made in good faith to such transferor.
6. A transfer of Shares will terminate the transferor's participation in the Fund's distribution reinvestment plan with respect to such transferred Shares as of the date the transfer is accepted by the Fund.

# TRANSFEROR TRANSFER FORM

THIS TRANSFER FORM may be used by any current investor in Resource Credit Income Fund (the "Fund") to transfer shares to a new Registration.

**Please Send To: Resource Credit Income Fund, P.O. Box 219169, Kansas City, MO 64121-9169. If you have any questions, please call (866) 773-4120.**

## SECTION 1: Investor Information

investor Name \_\_\_\_\_

SSN/Tax ID \_\_\_\_\_

Date of Birth \_\_\_\_\_

investor Name \_\_\_\_\_

SSN/Tax ID \_\_\_\_\_

Date of Birth \_\_\_\_\_

## SECTION 2: Share Transfer/Minimum Retained Investment

**PLEASE NOTE:** With the exception of transfers by gift, transfers by inheritance, intrafamily transfers, family dissolutions, transfers to affiliates and transfers by operation of law (*in each case without consideration paid*), no transfer or assignment of Shares may be made of (a) less than \$2,500 in Shares (unless all Shares of transferor are transferred) or (b) if, as a result of such transfer, the transferor (other than a transferor transferring all of such transferor's Shares) will retain less than \$2,500 in Shares.

Check this box if the transfer is a transfer (*in each case without consideration paid*) by gift, transfer by inheritance, intrafamily transfer, family dissolution, transfer to an affiliate or transfer by operation of law. Please provide the type of transfer here: \_\_\_\_\_  
(gift, inheritance, family dissolution, etc)

Number of Shares Subject to this Transfer \_\_\_\_\_

Number of Shares Retained by Transferor \_\_\_\_\_

## SECTION 3: Share Transfer

FOR VALUE RECEIVED, the undersigned (insert the transferor(s) name(s) exactly as title is held to the Shares being transferred),

(Transferor's name) \_\_\_\_\_ and whose Social Security or Taxpayer Identification Number(s) is/are (SSN/Tax ID) \_\_\_\_\_, hereby sells, assigns, and transfers unto (name[s])

(Transferee's name) \_\_\_\_\_ and whose Social Security or Taxpayer Identification Number(s) is/are (SSN/Tax ID) \_\_\_\_\_, an aggregate of \_\_\_\_\_ Shares of the Fund.

## SECTION 4: Transferor Acknowledgement and Agreement and Signatures (to be completed by all transferors)

By executing this Form, the undersigned transferor(s) ("the Transferor") represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities laws and regulations. The signature(s) on this Form must correspond with the name(s) in which the transferor(s) holds the transferred Shares without any alteration or change whatsoever.

The undersigned Transferor, in connection with the undersigned's request to transfer Shares in the Fund, hereby represents and warrants to the Fund that the following statements are true:

1. The Transferor has completed all forms required by the Fund.
2. The Transferor acknowledges that the Shares were originally purchased for long-term investment.
3. The Transferor has agreed upon the requested transfer and agrees that neither the Fund nor the Dealer Manager for the public sale of Shares by the Fund shall be responsible for any loss incurred by Transferor as a result of such transfer.
4. The Transferor understands that the transfer may be made only in compliance with the Fund's charter and bylaws, both as amended and restated (including the requirements and restrictions described in the Notices section above), and will not be effective if not in compliance therewith.
5. The transfer of the Shares by the Transferor has been made in accordance with all applicable laws and regulations.

**SECTION 4: Transferor Acknowledgement and Agreement and Signatures (to be completed by all transferors) (continued)**

IN WITNESS WHEREOF, the undersigned has/have executed this Transferor Transfer Form as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**X**  
\_\_\_\_\_  
Signature of Transferor Printed Name of Transferor

\_\_\_\_\_  
Date Place Medallion Stamp Here

**X**  
\_\_\_\_\_  
Signature of Transferor Printed Name of Transferor

\_\_\_\_\_  
Date Place Medallion Stamp Here

**ALL SIGNATURES MUST BE GUARANTEED BY A MEMBER OF AN APPROVED MEDALLION SIGNATURE GUARANTEE PROGRAM.**

# TRANSFeree TRANSFER FORM

THIS TRANSFeree TRANSFER FORM may be used by any current investor in Resource Credit Income Fund (the "Fund") to acquire shares of the Fund.

**Please Send To: Resource Credit Income Fund, P.O. Box 219169, Kansas City, MO 64121-9169. If you have any questions, please call (866) 773-4120.**

## SECTION 1: Transferee Account Information

- If your transfer is to an existing account, please provide account number \_\_\_\_\_, and skip to Section 7 to initial and sign.
- If your transfer is to a new account, please continue to Section 2 and complete application.

## SECTION 2: Investor Information

Please provide complete information for EITHER A, B, C, D or E:

### A. INDIVIDUAL OR JOINT *(Please check one):*

- Individual     
  Joint Account\*     
 \*Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

Name	Social Security Number	Date of Birth / /
Joint Owner	Social Security Number	Date of Birth / /
Citizenship	<input type="checkbox"/> U.S. or Resident Alien <input type="checkbox"/> Other <i>(please specify)</i> _____	

### B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name	Custodian's Social Security Number	Custodian's Date of Birth / /
Minor's Name	Minor's Social Security Number	Minor's Date of Birth / /
Minor's State of Residence		

### C. TRUST *(Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.)*

Trust or Plan Name	
Trust Date (mo/day/yr)	Employer or Trust Taxpayer Identification Number
Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)	
Trustee's Date of Birth (mo/day/yr)	Trustee's Social Security Number
Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)	
Co-Trustee's Date of Birth (mo/day/yr)	Co-Trustee's Social Security Number

### D. CORPORATIONS OR OTHER ENTITIES *(Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.)*

- C Corporation     
  S Corporation     
  Corporation     
  Partnership     
  Government Entity  
 Other *(please specify)*

**If no classification is provided, per IRS regulations, your account will default to an S Corporation.**

Name of Corporation or Other Business Entity	Tax ID Number
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**SECTION 2: Investor Information (continued)**

_____	_____ / ____ / ____
Authorized Individual	Social Security Number Date of Birth
_____	_____ / ____ / ____
Co-Authorized Individual	Social Security Number Date of Birth

**E. QUALIFIED ACCOUNTS**

All Qualified Accounts will require a custodian. Please list the custodian's information below. If you do not have a custodian, a default fund custodian will be assigned. Please note custodians may require additional account opening documentation. Please contact the Fund with any questions.

**Please list the Custodian information for your account:**

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

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

\_\_\_\_\_  
Custodian Tax ID

**Please select the type of the Qualified Account you would like to set up below:**

**Traditional IRA**

- Regular/Annual Contribution Year \_\_\_\_\_
- Transfer (also complete transfer/rollover form)
- Rollover (from eligible retirement plan) (also complete transfer/rollover form)
- Recharacterization
- SEP IRA
  - Employer Contribution
  - Employee Contribution \_\_\_\_\_ Year

**Roth IRA**

- Regular/Annual Contribution Year \_\_\_\_\_
- Transfer (from Roth IRA) (also complete transfer/rollover form)
- Rollover (from eligible retirement plan) (also complete transfer/rollover form)
- Conversion
- Recharacterization

**Inherited IRA**

- Traditional IRA
- Roth IRA
- SEP IRA
- Transfer (from an existing Beneficiary Traditional/Roth IRA) (also complete Transfer/Rollover Form)

**Other\*** \_\_\_\_\_

\* Please note the Fund's default custodian, only offers IRA's types listed above.

**SECTION 3: Share Transfer/Minimum Retained Investment**

**PLEASE NOTE:** With the exception of transfers by gift, transfers by inheritance, intrafamily transfers, family dissolutions, transfers to affiliates and transfers by operation of law (*in each case without consideration paid*), no transfer or assignment of Shares may be made of (a) less than \$2,500 in Shares (unless all Shares of transferor are transferred) *or* (b) if, as a result of such transfer, the transferor (other than a transferror transferring all of such transferor's Shares) will retain less than \$2,500 in Shares.

- Check this box if the transfer is a re-sale of shares. If so, please indicate the purchase price per sharee.
- Check this box if the transfer is a transfer (*in each case without consideration paid*) by gift, transfer by inheritance, intrafamily transfer, family dissolution, transfer to an affiliate or transfer by operation of law.  
Number of Shares Subject to this Transfer \_\_\_\_\_  
Transferee's (IRA Beneficiary's) State of Sale/Transfer: \_\_\_\_
- Check here if this is a transfer of ALL full and fractional shares.

**SECTION 4: Dividend and Capital Gain Distributions**

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

- Please pay all dividends and capital gains in cash.
- Please send a check to the address in Section 2.
- Please send distributions via ACH to the Bank in Section 5.

**SECTION 5: Bank Information**

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan and/or are having cash distributions deposited into your account.

I would like to add bank information to this account to my account.

I would like to modify my current bank information on this account.

I would like to remove bank information on this account.

**Account type:**       Checking       Savings

Name on Bank Account \_\_\_\_\_ Bank Name \_\_\_\_\_

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip) \_\_\_\_\_

Bank Account Number (Second set of numbers at the bottom of check or deposit slip) \_\_\_\_\_

**Please attach a voided check or savings deposit slip from the specified bank account.**

**SECTION 6: New Broker-Dealer and/or Registered Representative Information**

Broker-Dealer Name \_\_\_\_\_

Representative's Name \_\_\_\_\_

Representative's Rep ID with broker Dealer \_\_\_\_\_

Representative's Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Representative's Phone \_\_\_\_\_ Fax \_\_\_\_\_

Representative's Email Address \_\_\_\_\_

**SECTION 7: Transferee Signatures (to be completed by all transferees)**

Please carefully read and separately initial each of the representations below for items 1 and 2. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf. In order to induce the Fund to accept this subscription, I hereby represent and warrant to you as follows:

**Owner**                      **Co-owner**  
\_\_\_\_\_  
\_\_\_\_\_

- 1. I have received the Prospectus for the Fund at least five business days before signing this agreement.
- 2. I acknowledge that I will not be admitted as a shareholder until my investment has been accepted. The acceptance process includes, but is not limited to, reviewing the Transferee Transfer Form for completeness and signatures, conducting an Anti-Money Laundering check as required by the USA Patriot Act and payment of the full purchase price of the shares.

The Fund will send you confirmation of your purchase upon acceptance of your subscription.

**Taxpayer Identification Number Certification – Check the first box below pursuant to its instructions, unless you are a foreign investor or you are investing as a U.S. grantor trust.**

**Note: If there is a change in circumstances which makes any of the information provided by you in your certification below incorrect, then you are under a continuing obligation so long as you own shares in the Company to notify the Company and furnish the Company a new certificate within thirty (30) days of the change.**

**Under penalties of perjury, I certify that:**

- (1) the number provided in this agreement is my correct "TIN" (i.e., social security number or employer identification number);
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding under §3406(g)(1) of the Internal Revenue Code and the related regulations, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- (3) I am a U.S. person (which includes U.S. citizens, resident aliens, entities or associations formed in the U.S. or under U.S. law, and U.S. estates and trusts other than grantor trusts.)

**SECTION 7: Transferee Signatures (to be completed by all transferees) (continued)**

**Note: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

**Foreign Investor.** I have provided the Company with the appropriate Form W-8 certification or, if a joint account, each joint account owner has provided the Company the appropriate Form W-8 certification, and if any one of the joint account owners has not established foreign status, that joint account owner has provided the Company with a certified TIN.

**U.S. Grantor Trusts.** Under penalties of perjury, I certify that:

- (1) the trust designated as the Investor on this agreement is a United States grantor trust which I can amend or revoke during my lifetime;
- (2) under subpart E of subchapter J of the Internal Revenue Code (check only one of the boxes below):
  - 100% of the trust is treated as owned by me;
  - the trust is treated as owned in equal shares by me and my spouse; or
  - % of the trust is treated as owned by \_\_\_\_\_, and the remainder is treated as owned \_\_\_\_\_% by me and \_\_\_\_\_ % by my spouse); and
- (3) each grantor or other owner of any portion of the trust as certified by me in (2) (a), (b) or (c) above, has provided the Company with the appropriate Form W-8 or Form W-9 certification.

**Note: If you check the box in (2) (c), you must insert the information called for by the blanks.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

IN WITNESS WHEREOF, I have executed this execution page this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**X**  
\_\_\_\_\_  
Signature of Investor

**X**  
\_\_\_\_\_  
Signature of Joint Investor, or for Qualified Plans, of Trustee/Custodian,  
(if applicable)

\_\_\_\_\_  
Place Medallion Stamp Here

\_\_\_\_\_  
Printed Name of Investor

\_\_\_\_\_  
Printed Name of Joint Investor, or for Qualified Plans, of Trustee/Custodian,  
(if applicable)

\_\_\_\_\_  
Place Medallion Stamp Here

**ALL SIGNATURES MUST BE GUARANTEED BY A MEMBER OF AN APPROVED MEDALLION SIGNATURE GUARANTEE PROGRAM.**