



CREDIT INCOME FUND

ACCOUNT UPDATE FORM

SECTION 1: Account Information - Address, Phone Number & Email Address Updates

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Check here if new address

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

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Day Phone

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Evening Phone

Check here if new phone number

E-mail Address

Check here if new e-mail address

SECTION 2: Name Change Instructions

Please Provide:

Account Number

Please indicate your former name and what your new name has changed to.

Former Name

One and the same as:

New Name

If your name is different from what is currently shown on your account, your signature must be guaranteed in Section 7 or please provide certified copies of court documentation showing the change.

SECTION 3: Dividend and Capital Gain Distributions

All dividends and capital gains will be paid as follows; please select one option:

- Please send a check to address in section 1. Please note if you have a custodial account then the distribution will be sent to Custodian of Record.
- Please send distributions via ACH to the bank in section 4.
- Please reinvest all dividends and capital gains in shares of the Fund instead of paying them to me in cash.

SECTION 4: 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.
- 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 5: 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

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Representative's Phone

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Fax

Representative's Email Address

SECTION 6: Signatures

I authorize the Resource Credit Income Fund to make the changes indicated to my account.

I authorize the Resource Credit Income Fund and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Resource Credit Income Fund nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

**ALL owners of this account must sign below:
If a custodial account, the Custodian will also need to sign below.**

Signature

Date (MM/DD/YY)

Signature (if applicable)

Date (MM/DD/YY)

Custodian

Date (MM/DD/YY)

SECTION 7: Signature Guarantee (If Required)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account or if a custodial account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
 - Savings Associations
 - Trust Companies

Medallion Signature Guarantee Stamp *(ID Required)* Bank or Dealer Firm

Officer's Title Officer's Signature Date (MM/DD/YY)

[STAMP]

Please mail completed form to:

Mailing Address

Resource Credit Income Fund
c/o DST Systems, Inc
PO Box 219169
Kansas City, MO 64121

Overnight Address

Resource Credit Income Fund
c/o DST Systems, Inc.
430 W. 7th St.
Kansas City, MO 64105

If you have any questions, please contact an Investor Service Representative at 1-866-773-4120.