



CREDIT INCOME FUND

CUSTODIAL REGISTRATION CHANGE OF OWNERSHIP FORM

This form may only be used to transfer ownership of shares (the "Securities") from a resigning custodian in a custodial registration (the "Resigning Custodian") in Resource Credit Income Fund to a new custodian in a custodial registration (the "New Custodian") for the same beneficial owner. PLEASE NOTE: This form does not affect the distribution election currently in effect or the financial advisor for the account. If the beneficial owner wishes to modify the distribution election please complete the Account Update Request Form. If the beneficial owner wishes to change the financial advisor on the account, please complete the Resource Credit Income Fund Account Update Form.

Complete and deliver this form to:

RESOURCE CREDIT INCOME FUND
866-773-4120

Regular Mail
c/o DST Systems, Inc.
PO. Box 219169
Kansas City, MO 64121

Overnight Delivery
c/o DST Systems, Inc.
430 West 7th Street
Kansas City, MO 64105

1. TYPE OF REGISTRATION (Current Registration)

Custodial Registration

- Traditional IRA - Custodian signature required.
Roth IRA - Custodian signature required.
KEOGH Plan - Custodian signature required.
Simplified Employee Pension/Trust (SEP) - Custodian signature required.
Pension or Profit Sharing Plan - Custodian signature required.
Other (Specify):

Custodian signature required.

Resigning Custodian Information

Name of Custodian:
Custodian Tax ID #:
Custodian Account #:
Custodian Telephone #:
Street/PO. Box:
City, State, Zip Code:

2. BENEFICIAL OWNER REGISTRATION

Name of Owner Tax ID/SS #
Account #
Street/PO. Box City, State, Zip Code

3. RESIGNING CUSTODIAN SIGNATURE

The Resigning Custodian hereby assigns and Transfers to the New Custodian all of the Securities in the custodial registration described above.

Signature of Resigning Custodian Date

Medallion Stamp Guarantee

4. NEW CUSTODIAN INFORMATION *New custodian signature required.*

Name of Custodian

Custodian Tax ID #

Custodian Account #

Custodian Telephone #

Street/PO. Box

City, State, Zip Code

Signature of New Custodian

Date

Medallion Stamp Guarantee

5. BROKER/DEALER

Broker/Dealer

Registered Advisor(s)