



FS INVESTMENTS®

# Account maintenance form

## RETURN TO

FS Investments  
c/o SS&C Technologies, Inc.  
P.O. Box 219095  
Kansas City, MO 64121-9095

## OVERNIGHT DELIVERY

FS Investments  
c/o SS&C Technologies, Inc.  
430 W 7th St  
Kansas City, MO 64105

## SERVICE TEAM

**Toll-free** 877-628-8575  
**Fax** 877-662-1120

Processing time is approximately 3 to 5 business days upon receipt of this form in good order by SS&C Technologies, Inc.

Companies	Applicable sections
<b>FS Credit Real Estate Income Trust</b> <b>FS KKR Capital Corp. (Ticker: FSK)*</b> <b>FS Credit Opportunities Corp. (Ticker: FSCO)*</b> <b>FS Energy and Power Fund</b>	Sections 1–8, 11–12
<b>Interval fund</b> <b>FS Credit Income Fund**</b>	Sections 1–7, 9–12

\*For FS KKR Capital Corp. (FSK) and FS Credit Opportunities Corp. (FSCO), requests are applicable only to registered stockholders.

\*\*Non-NSCC positions only.

## This form may be used to take the following actions:

### SECTION 2

**Change of address and/or phone number.** Investor can update this info through the investor portal at [www.fsinvestments.com](http://www.fsinvestments.com). Financial representative of record or investor can also make these updates by calling the service team.

### SECTION 3

**Name change.** Applicable legal documentation showing the name change, such as a marriage certificate or change of name affidavit, is required with this form.

### SECTION 4

**Interested party.** Add an interested party or alternate mailing address where duplicate quarterly statements may be sent. This option is for statement mailing purposes only and does not grant telephone or account access privileges. Custodial accounts require custodial authorization.

### SECTION 5

**Change of cost-basis method of computation.** Investors can also update this using the investor portal login by visiting [www.fsinvestments.com](http://www.fsinvestments.com). Custodial accounts require custodial authorization.

### SECTION 6

**Electronic communications.** Investor can request to receive shareholder communications electronically for all investment products or share classes sponsored by FS Investments or its affiliates.

### SECTION 7

**Change of broker-dealer/registered investment advisor.** Custodial accounts require custodial authorization.

### SECTION 8

**Change of distribution instructions.** If no company selection is made in section 8, changes will be applicable to all applicable companies under the same registration. Custodial accounts require custodial authorization.

### SECTION 9

**Change of dividend and capital gain distribution.** Only applies to FS Credit Income Fund. Custodial accounts require custodial authorization.

### SECTION 10

**Establish, modify or delete systematic purchase plan/automatic investment plan.** Only applies to FS Credit Income Fund. Custodial accounts require custodial authorization.

### SECTION 11

**Bank information.** Attach an unsigned, voided check. Please do not staple check. If making changes in sections 8, 9 or 10, a medallion signature guarantee may be required.

### SECTION 12

**Investor authorization and signatures.** All client signatures are required. If any changes are made in sections 4–10 for custodial accounts, custodial authorization is required. If making changes in sections 8, 9 or 10, a medallion signature guarantee may be required.

To obtain additional forms, please visit [www.fsinvestments.com](http://www.fsinvestments.com).



FS INVESTMENTS®

# Account maintenance form

## 1 Investment registration information

Trust/Corp/Partnership/Other \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

Individual owner/beneficial owner \_\_\_\_\_ SSN \_\_\_\_\_  
(first, middle, last)

Joint owner/beneficial owner \_\_\_\_\_ SSN \_\_\_\_\_  
(first, middle, last)

FS account number \_\_\_\_\_

Company selection:

I (We) authorize information to be changed on all companies recorded under the above-referenced SSN/Tax ID\*

I (We) authorize information to be changed on only the following company(ies):

Company name(s)\* \_\_\_\_\_

\*Changes will be applicable to all companies under the same registration.

## 2 Change of address and/or phone number

### NEW PHYSICAL ADDRESS

(street) \_\_\_\_\_ (city, state) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(phone) \_\_\_\_\_

### NEW MAILING ADDRESS (if applicable)

(street) \_\_\_\_\_ (city, state) \_\_\_\_\_ (ZIP) \_\_\_\_\_

## 3 Name change

Applicable legal documentation showing your name change, such as a marriage certificate or change of name affidavit, is required with this form.

Former name (print) \_\_\_\_\_ New name (print) \_\_\_\_\_  
(first, middle, last) (first, middle, last)

Former signature \_\_\_\_\_ New signature \_\_\_\_\_

## 4 Interested party Custodial accounts require custodial authorization.

**Complete this section to add an interested party to the address of record.**

A duplicate quarterly statement may be sent to the additional address provided. This option does not grant telephone or account access privileges. This option is not available on all accounts. For custodial, brokerage or managed accounts, please contact the custodian of record to confirm availability.

Name \_\_\_\_\_  
(first, middle, last)

Mailing address \_\_\_\_\_  
(street/P.O. Box) (city, state) (ZIP)

**5 Change of cost-basis method of computation** Select one. Custodial accounts require custodial authorization.

All FS companies have chosen the first in, first out (“FIFO”) method as the default method to calculate cost-basis for directly held (not in brokerage) non-qualified shares purchased after January 1, 2012 (“Covered Shares”). Complete this section to change the cost-basis election for Covered Shares. Investors should consult with their financial and tax advisor on the most appropriate method. If a shareholder elects to change the cost accounting method applicable to such shareholder’s account from “average cost” to another method, and the shareholder has previously elected to use the average cost methodology with respect to shares repurchased by the applicable company or otherwise transferred by the shareholder, all existing lots in their account will maintain the average cost-basis accounting methodology. Any shares purchased after the election to change cost accounting method (including shares issued pursuant to the applicable company’s distribution reinvestment plan) may utilize the new cost-basis methodology elected.

- First in, first out    Last in, first out    Average cost    Specific share identification

**6 Electronic communications** Initial and provide email if you wish to enroll in paperless e-delivery.

<b>Initial</b>		<b>Email</b>	
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By initialing above, the investor requests to receive all shareholder communications electronically for all investment products or share classes sponsored by FS Investments or its affiliates. Communications include, but are not limited to, account statements, investor communications, annual, semi-annual and/or quarterly reports, tax forms, proxy materials and other required reports. The investor may request a paper copy of a shareholder communication, update an email address or change this election at any time by contacting FS Investments. Changes may take up to 30 days to take effect. Consent to electronic delivery is terminated by an invalid email address. Costs associated with accessing the internet may be incurred and certain software may need to be downloaded in order to view the materials delivered electronically. Timely access to materials may not be available in the event of a system failure or network outage. This electronic delivery program may be changed or discontinued and the terms may be amended at any time. In the event of discontinuation or as required by law, the investor will receive paper copies of all shareholder communications.

**7 Change of broker-dealer/registered investment advisor (RIA)** Custodial accounts require custodial authorization.

New broker-dealer or RIA firm name \_\_\_\_\_

New financial representative or IAR name \_\_\_\_\_  
(first, middle, last)

Mailing address \_\_\_\_\_  
(street) (city, state) (ZIP)

Advisor number/CRD number \_\_\_\_\_ Branch number \_\_\_\_\_

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

The broker-dealer, financial advisor or registered investment advisor further represents and certifies their adherence to all applicable policies and procedures under their firm’s existing anti-money laundering program and customer identification program. An executed Selling/Service agreement must be active with FS Investments in order to receive trail commissions on eligible funds.

Financial representative signature (required)	Date (mm/dd/yyyy)	Principal signature (if applicable)	Date (mm/dd/yyyy)

**SECTION 8 ONLY APPLIES TO BDCs, REITs & CEFs.**

**8 Change of distribution instructions** Custodial accounts require custodial authorization.

I (We) acknowledge that distributions may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the applicable companies for investment. Any capital returned to shareholders through distributions will be made after payment of fees and expenses, as well as any applicable sales load.

**APPLY APPLICABLE CHANGES TO SELECTED COMPANIES:\***

- |   |  |
|---|--|
| <input type="checkbox"/> FS KKR Capital Corp.**                   | <input type="checkbox"/> FS Credit Opportunities Corp.** |
| <input type="checkbox"/> FS Credit Real Estate Income Trust, Inc. | <input type="checkbox"/> FS Energy and Power Fund        |

\*If no company selection is made, changes will be applicable to all companies under the same registration.

\*\*Requests are applicable to registered stockholders only.

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS/PAYMENT METHODS:**

**Distribution reinvestment plan**

- I (We) choose to participate in the distribution reinvestment plan(s) of the company(ies) indicated above. All FS companies (except FS KKR Capital Corp. and FS Credit Opportunities Corp.) require that each investor that elects to have their distributions reinvested pursuant to the company’s distribution reinvestment plan notify the applicable company and their designated broker-dealer or investment advisor in writing at any time there is a material change in their financial condition, including to meet the minimum income and/or net worth standards set forth in the applicable company’s prospectus.

**Payment by check or electronic deposit**

I (We) choose **NOT** to participate in the distribution reinvestment plan(s), and instead choose to have distributions paid using the **payment method selected below**. If no payment method is selected, the company(ies) will mail a check to the address or custodian of record.

- Mail check to address of record. For **custodial accounts**, funds will be sent to the custodian of record.

- Mail check to the following **third party**:

A medallion signature guarantee is required in section 12.

Name of financial institution	FBO	Account #
Mailing address	(city, state)	(ZIP)
(street)		

- I (We) choose to have distributions deposited in a **checking, savings or brokerage account**.

I (We) authorize the FS companies or their respective agents to deposit my (our) distribution into the accounts indicated below. The authority will remain in force until I (we) notify the applicable company in writing to cancel it. In the event that any company deposits funds erroneously into my (our) account, the company is authorized to debit my (our) account for the amount of the erroneous deposit. I (We) also hereby acknowledge that funds and/or shares in my (our) account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the FS companies, their affiliates, their agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws.

Name of financial institution	Account type: <input type="checkbox"/> Checking* <input type="checkbox"/> Savings* <input type="checkbox"/> Brokerage
ABA routing number (if applicable)	Account number

\*A voided check or account verification letter from the bank is required in section 11. A medallion signature guarantee is required in section 12.

**SECTIONS 9-10 ONLY APPLY TO INTERVAL FUNDS.**

**9 Change of dividend and capital gain distribution** Custodial accounts require custodial authorization.

For brokerage or custodial accounts, non-reinvested funds will be sent to the firm of record. I (We) acknowledge that distributions may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the applicable companies for investment. I (We) acknowledge that distributions will be made after payment of fees and expenses, as well as any applicable sales load.

**APPLY APPLICABLE CHANGES TO SELECTED COMPANIES:**

Interval fund:  FS Credit Income Fund

**I (We) hereby elect the distribution option indicated below** (check only one option for each):

**Dividends**     Reinvest     Payment by check or electronic deposit (complete below)

**Capital Gains**     Reinvest     Payment by check or electronic deposit (complete below)

**Payment by check or electronic deposit**

I (We) choose **NOT** to participate in the distribution reinvestment plan(s), and instead choose to have distributions paid using the **payment method selected below**. If no payment method is selected, the company(ies) will mail a check to the address or custodian of record.

Mail check to address of record. For **custodial accounts**, funds will be sent to the custodian of record.

Mail check to the following **third party**:

A medallion signature guarantee is required in section 12.

Name of financial institution	FBO	Account #
Mailing address <small>(street)</small>	<small>(city, state)</small>	<small>(ZIP)</small>

I (We) choose to have distributions deposited in a **checking, savings or brokerage account**.

I (We) authorize the FS companies or their respective agents to deposit my (our) distribution into the accounts indicated below. The authority will remain in force until I (we) notify the applicable company in writing to cancel it. In the event that any company deposits funds erroneously into my (our) account, the company is authorized to debit my (our) account for the amount of the erroneous deposit. I (We) also hereby acknowledge that funds and/or shares in my (our) account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the FS companies, their affiliates, their agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws.

Name of financial institution	Account type: <input type="checkbox"/> Checking* <input type="checkbox"/> Savings* <input type="checkbox"/> Brokerage
ABA routing number (if applicable)	Account number

\*A voided check or account verification letter from the bank is required in section 11. A medallion signature guarantee is required in section 12.

**10 Establish, modify or delete systematic purchase plan/automatic investment plan** Custodial accounts require custodial authorization.

**SELECT A COMPANY FOR SYSTEMATIC PURCHASE/AUTOMATIC INVESTMENT:**

Interval fund:  FS Credit Income Fund

Check one:  Establish a new plan     Modify an existing plan     Delete an existing plan

This plan allows you to add regularly to the selected company by authorizing us to deduct money directly from your bank account. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, **please complete this section and attach a voided check. Qualified accounts require custodian sign-off (verify with your financial institution if option is available). Please contact the applicable company(ies) for more information.**

Please transfer \$  **(\$100 minimum)** from my bank account:

Check one:  Monthly     Quarterly     Semi-annually     Annually    On the \_\_\_\_\_ day of the month, beginning on \_\_\_\_\_ (mm/yyyy)

**Important note:** If the plan falls on a holiday or weekend, the deduction from your checking or savings account will occur on the next business day. This authorization shall continue until terminated by any account owner by written notification to SS&C Technologies, Inc. Termination will be effective as soon as SS&C Technologies, Inc. has had reasonable time to act upon it following receipt.

I (We) authorize the purchase of shares of the company(ies) through the systematic purchase plan/automatic investment plan by the ACH of which my bank is a member.

Name of financial institution	Account type: <input type="checkbox"/> Checking* <input type="checkbox"/> Savings*
ABA routing number	Account number

\*A voided check or account verification letter from the bank is required in section 11. A medallion signature guarantee is required in section 12.

**11 Bank account information** Required if Checking or Savings selected in section 8, 9 or 10.

Attach an unsigned, voided check in the box below. The check must be preprinted with the registration, bank name, routing number (ABA) and account number. In lieu of a voided check, you may submit a letter from your bank, on the bank's letter head, with the bank account registration, routing number (ABA) and account number. A medallion signature guarantee is required in section 12.

**Tape check here. Do not staple**

**12 Investor authorization and signatures** Custodial accounts require custodial authorization.

The undersigned hereby authorizes and instructs FS Investments to implement the changes indicated on this form for the company(ies) indicated in sections 1, 8 and/or 9 of this form on or after the date this form is processed. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the applicable company. If the investor currently receives direct deposit of distributions, the company(ies) shall continue to comply with the investor's existing instructions.

For investors electing to participate in the distribution reinvestment plan of a company in section 8 (other than FS KKR Capital Corp. and FS Credit Opportunities Corp.), the undersigned warrants receipt of the current prospectus/private placement memorandum for the applicable company(ies) no later than five business days prior to the date set forth below. The undersigned also warrants that they meet the suitability requirements of the applicable company(ies) and of the individual's state, as applicable. A copy of the applicable company's current prospectus/private placement memorandum may be obtained by contacting your financial advisor.

The undersigned acknowledges that they have a duty to promptly notify the company(ies) in writing if, at any time during which they are participating in the distribution reinvestment plan of the company(ies), they cannot make the representations or warranties set forth in the original subscription agreement.

MY (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I (We) acknowledge that distributions made prior to the date upon which this instruction becomes effective (up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for and arranged. This instruction supersedes all prior instructions regarding the subject matter hereof.

Owner or authorized person signature	Date (mm/dd/yyyy)	Joint owner or authorized person signature	Date (mm/dd/yyyy)

Custodian authorization (Required for custodial accounts)	Medallion signature guarantee (If required in sections 8, 9 or 10)