

APPLICATION  
 IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION,  
 PLEASE CALL INVESTOR SERVICES AT 855.422.3223

<p><b>(1)</b> <b>INVESTMENT</b></p>	<p style="text-align: center;">Make all checks* payable to:  <b>“Priority Income Fund, Inc.”</b></p> <p style="text-align: center;">*Cash, cashier’s checks/official bank checks under \$10,000, foreign checks, money orders, third party checks, or traveler’s checks are not accepted</p> <p style="text-align: center;"><b>INVESTMENT AMOUNT: \$</b></p> <p style="text-align: center;">The minimum investment is \$1,000—All additional investments must be for at least \$500.00</p> <p style="text-align: center;">Additional Investments to my Priority Account #:</p> <p style="text-align: center;"><b>Share Class</b> Please select one of the following</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%; text-align: center;">Class R Shares Purchased through a Broker Dealer</td> <td style="width: 33%; text-align: center;">Class RIA Shares Purchased through an RIA</td> <td style="width: 33%; text-align: center;">Class I Shares Purchased through an Institutional Agreement</td> </tr> </table>	Class R Shares Purchased through a Broker Dealer	Class RIA Shares Purchased through an RIA	Class I Shares Purchased through an Institutional Agreement
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**(4)  
INVESTOR  
INFORMATION  
REQUIRED**

**A. Investor/Trustee**

First Name:  
Middle Name:  
Last Name:  
Tax ID or SS#:  
Street Address:  
City:  
State:  
Zip:  
Daytime Phone #:  
Email Address:  
Date of Birth:  
Employer:  
Retired:  
If Non-U.S. Citizen  
specify Country of  
Citizenship:

**B. Co-Investor/Co-Trustee**

First Name:  
Middle Name:  
Last Name:  
Tax ID or SS#:  
Street Address:  
City:  
State:  
Zip:  
Daytime Phone #:  
Email Address:  
Date of Birth:  
Employer:  
Retired:  
If Non-U.S. Citizen  
specify Country of  
Citizenship:

**C. Trust/ Corporation/Partnership/Other**

Entity Name/Title of Trust:  
Date of Trust: Tax ID #:

**(5)  
DISTRIBUTIONS**

Complete this section to enroll in the Distribution Reinvestment Plan or to elect to receive distributions by check mailed to you, by check mailed to a third-party or alternate address, or by direct deposit.

**Custodial accounts may not direct distributions to a party other than the Custodian address of record.**

I hereby subscribe for shares of Priority Income Fund, Inc. and elect the distribution option indicated below:

**Participate in the Distribution Reinvestment Plan** (see Prospectus for details)

**Check** mailed to the address of record

**Check** mailed to third party/alternate address. To direct distributions to a party other than the registered owner, please provide applicable information below.

**Third Party/Alternate Address**

Institution/Payee Name:

Account #:

ABA # (ACH only):

Name on Account:

Street/P.O. Box:

City:

State:

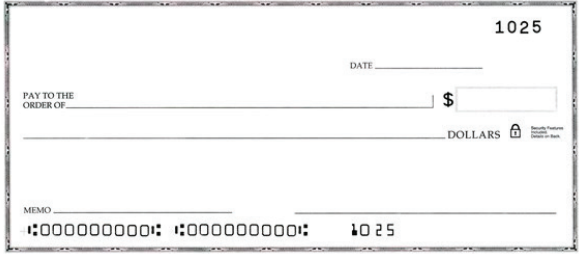
Zip Code:

**Direct Deposit – please attach a pre-printed voided check.** I authorize Priority Income Fund, Inc. or its agent to deposit my distribution to my checking or savings account. This authority will remain in force until I notify Priority Income Fund, Inc. in writing to cancel it. In the event that Priority Income Fund, Inc. deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

**(5)  
DISTRIBUTIONS**

**Please Attach Copy Of Voided Check To This Form If Funds Are To Be Sent To A Bank**  
 \* The above services cannot be established without a pre-printed voided check. For electronic funds transfers, signatures of bank account owners are required exactly as they appear on the bank records. If the registration at the bank differs from that on this Subscription Agreement, all parties must sign below.

**Attach  
Check Here**



Routing Number      Account Number      Check Number

**(6)  
ACCOUNT  
OPTIONS**

You may select more than one option.

**Automatic Purchase Plan – please attach a pre-printed voided check.** This option is not available for Custodial accounts. Electronic Funds Transfer from your bank account directly to your Priority Income Fund investment account (\$500 minimum). I authorize Priority Income Fund or its agent to draft from my checking or savings account. This authority will remain in force until I notify Priority Income Fund in writing to cancel it. In the even that Priority Income Fund drafts funds erroneously from my account, they are authorized to credit my account for an amount not to exceed the amount of the erroneous draft.

I authorize Priority Income Fund, Inc. or its agent to draft from my checking or savings account in the amount of \$ \_\_\_\_\_ (last day of the month).

Frequency:      Monthly      Quarterly      Beginning on Date:

Account Type:      Checking      Savings      Brokerage

Financial Institution Name:

Account #:      ABA # (ACH only)

Name on Account:

Street/P.O. Box:

City, State, Zip:

**Electronic Delivery of Reports and Updates.** I authorize Priority Income Fund, Inc. to make available on its website at [www.priorityincomefund.com](http://www.priorityincomefund.com) its shareholder reports, proxy statements, prospectus supplements or other reports required to be delivered to me, as well as any property or marketing updates, and to notify me via e-mail when such reports or updates are available in lieu of receiving paper documents. (You must provide an e-mail address if you choose this option.)

E-mail Address:

Complete this section if you qualify for a reduced sales charge with your purchase of Class R Shares. See prospectus for additional details.

Letter of Intent: You can reduce the sales charge you pay on your Class R shares by investing a certain amount over a 13-month period. Please indicate the amount you plan to invest in the next 13 months.

\$1,000,000      \$2,500,000      \$5,000,000 or more

Rights of Accumulation: If you already own Class R shares of the Fund, you may already be eligible for a reduced sales charge on your purchase. Please provide the account number(s) below to qualify (if eligible)

**(7)  
SUBSCRIBER  
SIGNATURES**

**Substitute IRS Form W-9 Certification:**

I (We) declare that the information supplied in this Subscription Agreement is true and correct and may be relied upon by the Company in connection with my (our) investment in the Company. Under penalties of perjury, each investor signing below certifies that (1) the number shown in the Investor Social Security number/taxpayer identification number field in section 5 of this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a non-resident alien), and (4) the entity is exempt from FATCA reporting (if applicable).

**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.**

**I understand that I will not be admitted as a stockholder until my investment has been accepted. Depositing of my check alone does not constitute acceptance. The acceptance process includes, but is not limited to, reviewing the Application for completeness and signatures, conducting an Anti-Money Laundering check as required by the USA PATRIOT Act and depositing funds.**

Priority Income Fund, Inc. is required by law to obtain, verify and record certain personal information from your or persons on your behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and social security/taxpayer identification number. We may also look to see other identifying documents. If you do not provide the information, Priority Income Fund, Inc. may not be able to open your account. By signing the Application, you agree to provide this information and confirm that this information is true and correct. If we are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if we believe we have identified potentially criminal activity, we reserve the right to take action as we deem appropriate which may include closing your account.

Please separately initial each of the representations below. 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 Priority Income Fund, Inc. to accept this application, I hereby represent and warrant to you as follows:

**ALL ITEMS MUST BE READ AND INITIALED**

**Owner      Joint Owner**

- (1) I have received the final Priority Income Fund, Inc. Prospectus.
- (2) I acknowledge that there is no public market for the shares and, thus, my investment in shares is not liquid.
- (3) I (we) represent that I am (we are) purchasing the shares for my (our) own account, or, if I am (we are) purchasing shares on behalf of a trust or other entity of which I am (we are) trustee(s) or authorized agent(s), then I (we) represent that I (we) have due authority to execute the Application and do hereby legally bind the trust or other entity of which I am (we are) trustee(s) or authorized agent(s).

We will deliver a confirmation of sale to you after your purchase is completed.

If you participate in the Distribution Reinvestment Plan or make subsequent purchases of shares of Priority Income Fund, Inc., including purchases made pursuant to our Automatic Purchase Plan, you agree that, if you fail to meet the suitability requirements for making an investment in shares or can no longer make the representations or warranties set forth in this Section 8, you are required to promptly notify Priority Income Fund, Inc. and your Broker-Dealer in writing.

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

**MUST BE SIGNED BY CUSTODIAN OR TRUSTEE IF IRA OR QUALIFIED PLAN IS ADMINISTERED BY A THIRD PARTY.**

All items on the Application must be completed in order for your application to be processed. Subscribers are encouraged to read the Prospectus in its entirety for a complete explanation of an investment in Priority Income Fund, Inc.

Owner/Trustee Signature

Date

Printed Name

Jt. Owner/Trustee Signature

Date

Printed Name

Signature of Custodian(s) or Trustee(s) (if applicable). Current Custodian must sign if investment is for an IRA Account

Authorized Signature

Date

**(8)  
BROKER  
DEALER/  
FINANCIAL  
ADVISOR OR  
REGISTERED  
INVESTMENT  
ADVISER (RIA)  
INFORMATION**

(All fields must be completed)

**TO BE COMPLETED BY REGISTERED REPRESENTATIVE OR RIA**

The Registered Representative or RIA must sign below to complete the Application. The Registered Representative or RIA warrants that they (i) are registered and/or properly licensed in the state in which the sales of the Shares to the investor executing this application has been made (ii) has reasonable grounds to believe this investment is suitable for the investor and (iii) have informed the investor of all pertinent facts with regard to the fundamental risks of the investment including aspects of liquidity and marketability of this investment.

Broker-Dealer or RIA Firm Name (Required):

Street Address (required):

City: State: Zip code:

Business Phone (Required): Fax:

Name of Registered Representative or Advisor (Required):

Representative Number:

Registered Representative or Advisor Mailing Address:

City: State: Zip code:

Business Phone (Required): Fax:

E-mail Address:

CHECK FOR REDUCED PURCHASE PRICE PER SHARE AND WAIVER OF COMMISSION.  
(Broker-Dealer Signature Approval Required).

**REGISTERED INVESTMENT ADVISOR (RIA) - NO SELLING COMMISSIONS ARE PAID ON THESE ACCOUNTS. Check only if investment is made through the RIA.**

The Registered Representative or RIA confirms by his/her signature that he/she (i) is registered and/or properly licensed in the state in which the sales of the Shares to the investor executing this application has been made; (ii) has reasonable grounds to believe that the information and representations concerning the investor(s) identified herein are true, correct, and complete in all respects; (iii) has verified that the form of ownership selected is accurate and, if other than individual ownership, has verified that the individual executing on behalf of the investor(s) is properly authorized and identified; (iv) has discussed such investors' prospective purchase of shares with such investor(s); (v) has advised such investor(s) of all pertinent facts with regard to the liquidity and marketability of the shares; (vi) has delivered the Prospectus and related amendments and supplements, if any, to such investor(s); and (vii) has reasonable grounds to believe that the purchase of shares is a suitable investment for such investor(s), that such investor(s) meets the Suitability Standards applicable to such investor(s) set forth in the Prospectus (as amended or supplemented as of the date hereof), and that such investor(s) is in a financial position to enable such investor(s) to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto. The above-identified entity agrees to maintain records of the information used to determine that an investment in shares is suitable and appropriate for the investor(s) for six years. The above-identified entity, acting in its capacity as agent, financial advisor or investor representative, has performed functions required by federal and state securities laws and, as applicable, FINRA rules and regulations, including, but not limited to Know Your Customer, Suitability and USA PATRIOT Act (Anti-Money Laundering, Customer Identification) as required by its relationship with the investor(s) identified on this document.

Signature(s) of Registered Representative(s) or Advisor(s) (Required) Date

Signature of Broker-Dealer or RIA (if required by Broker-Dealer) Date

**(9)  
MAILING  
INSTRUCTIONS**

You should make your check payable to **Priority Income Fund, Inc.**, and, along with the completed Subscription Application, such check will be mailed or delivered by the selected Broker-Dealer or Registered Investment Advisor to:

Via Mail:  
Priority Income Fund, Inc.  
c/o Preferred Capital Securities LLC  
P.O. Box 219768  
Kansas City, MO 64121-9768  
866-655-3650

Via Express/Overnight Delivery:  
Priority Income Fund, Inc.  
c/o Preferred Capital Securities LLC  
430 West 7th Street  
Kansas City, MO 64105-1407  
866-655-3650

ACH/Wire Instructions: **Bank:** UMB Bank, N.A., for Priority Income Fund, Inc.  
**ABA #:**101000695, **Account #:** 9871691551