

OFFERED AT CETERA FINANCIAL GROUP

APPLICATION

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION,

PLEASE CALL INVESTOR SERVICES AT 855.422.3223

(1)
INVESTMENT

Make all checks* payable to: "Priority Income Fund, Inc."

INVESTMENT AMOUNT: \$

The minimum investment is \$1,000—All additional investments must be for at least \$500.00

Additional Investment to my Priority Account #

Share Class Please select one of the following

Class R Shares Purchased through a Broker Dealer Class I Shares Purchased through an Institutional Agreement

(2) NON -CUSTODIAL OWNERSHIP Individual

One signature required
Individual TOD
One signature required
Laint Topants with Pight of Survive

Joint Tenants with Right of Survivorship

All parties must sign

Joint Tenants TOD

All parties must sign

S Corporation

Authorized signature required

C Corporation

Authorized signature required

Uniform Gift to Minors Act

Custodian signature required. State of Uniform Transfer to Minors Act Custodian signature required. State of

Pension or Profit-Sharing Plan

Authorized signature required

Trust

Authorized signature required

Other (Specify):

(3) CUSTODIAL

OWNERSHIP

Send all paperwork directly to the custodian for Medallion Stamp Guarantee Individual

One signature required

Individual TOD

One signature required

Joint Tenants with Right of Survivorship

All parties must sign

Joint Tenants TOD

All parties must sign

S Corporation

Authorized signature required

C Corporation

Authorized signature required

Uniform Gift to Minors Act

Custodian signature required. State of

Uniform Transfer to Minors Act

Custodian signature required. State of

Pension or Profit-Sharing Plan Authorized signature required

Trust

Authorized signature required

IRA:

Type of IRA (traditional, Roth, or SEP) - Owner and

custodian signature required

Pension or Profit Sharing Plan

Owner and custodian signature required

Other (Specify):

Owner and custodian signature required

Name of Custodian, Trustee or other

Administrator:

Street/P.O. Box:

City, State, Zip:

Custodian Tax ID:

Custodian Account #:

Custodian Telephone:

	A. Investor/Trustee	B. Co-Investor/Co-	Trustee	
(4)	First Name:	First Name:		
INVÈSTOR	Middle Name:	Middle Name:		
INFORMATION	Last Name:	Last Name:		
REQUIRED	Tax ID or SS#:	Tax ID or SS#:		
1124011122				
Only fill out	Primary Address	Primary Address		
Mailing Address	Street:	Street:		
if different from	City:	City:		
Primary Address	State: Zip:	State:	Zip:	
	Mailing Address	Mailing Address		
	Street:	Street:		
	City:	City:		
	State: Zip:	State:	Zip:	
	·		•	
	Daytime Phone #:	Daytime Phone #:		
	Email Address:	Email Address:		
	Date of Birth:	Date of Birth:		
	Employer:	' Employer:		
	Retired: Yes	Retired: Yes		
	Country of Citizenship:	Country of Citizensh	ip:	
	C. Trust/ Corporation/Partnership/Other			
	Entity Name/Title of Trust:			
	Date of Trust:	Tax ID #:		
	2 4.10 6.1 7.1001.			
(5)	Electronic Delivery of Reports and Updates. I on its website at www.priorityincomefund.com it			
ACCOUNT OPTIONS	supplements or other reports required to be delivered to me, as well as any property or marketin 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 here:			
	Tou must provide an e-mail address if you choose	e tilis option here		
In some situations,	Complete this section if you qualify for a reduced sales charge with your purchase of Class R Shares.			
persons or entities may combine their	See prospectus for additional details.			
purchases as a	Letter of Intent: You can reduce the sa	les charge you pay	on your Class R shares	
"single purchaser" for the purpose of	by investing a certain amount over a 13			
qualifying for a volume	plan to invest in the next 13 months.			
discount, see page				
114 of the Prospectus for details.	\$450,000	2500,000	¢4 000 000 or man	
	\$150,000	5500,000	\$1,000,000 or more	
	Rights of Accumulation: If you already own Class R shares, you may already be eligible for a reduced sales charge on your purchase. If this purchase is to be considered for "combining", the below is required.			
	Client Name(e)	Client Assertation	por(o)	
	Client Name(s)	Client Account Numb	0C1(5)	

(6) DISTRIBUTIONS

(ONLY REQUIRED TO COMPLETE IF OPTING OUT OF DISTRIBUTION REINVESTMENT PLAN)

DO <u>NOT</u> COMPLETE THIS SECTION IF YOU WANT TO PARTICIPATE IN THE DISTRIBUTION REINVESTMENT PLAN FOR ALL SHARES HELD IN YOUR PRIORITY ACCOUNT.

All distributions, including all existing shares held in your Priority Account, will automatically be reinvested under the Distribution Reinvestment Plan (see Prospectus for details) unless otherwise indicated below. To participate in the Distribution Reinvestment Plan, do <u>not</u> complete the following information.

Complete this section only 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 for all shares in my Priority Account:

Cash or wire directed to custodial held account

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	ABA# (ACH only):	
Name on Account:			
Street/P.O. Box:			
City:	State:	Zip Code:	

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 or on a separate sheet

		1025
	DATE	
PAY TO THE ORDER OF		\$
		DOLLARS 🗈 Production of their
MEMO		
::000000000: ::000000000:	1025	

(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	

(8) CUSTODIAL & MSG SIGNATURES

(Required for all accounts elected in Section 3)

Signature of Custodian(s) or Trustee(s) (if applicable). Current Custodian must sign and Medall	lion
Stamp Guarantee for all custodial held accounts.	

Authorized Signature

Medalli	ion Guar	antee St	amp	

(9) TRUSTED CONTACT (Optional)

By completing this section, you authorize Priority Income Fund and Preferred Capital Securities (PCS) to contact the person (s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if suspected that I may be a victim of fraud or financial exploitation; if suspected that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if I am not reachable after prolonged and multiple attempts.

Note: Your trusted contact must be someone other than an account owner.

Name: Rela	itionship:
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Primary Phone: Email Address:

Address: City: State: Zip Code:

Name: Relationship:

Primary Phone: Email Address:

Address: City: State: Zip Code:

(10) 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

Date

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

*Cash, cashier's checks/official bank checks under \$10,000, foreign checks,money orders, third party checks, or traveler's checks are not accepted

(11)
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.

pertinent facts with regard to the funda marketability of this investment.		` ,			
Broker-Dealer or RIA Firm Name (Req	uired):				
Street Address (required):					
City:	State:	Zip code:			
Business Phone (Required):	Fax	к:			
Name of Registered Representative or	Advisor (Req	uired):			
Representative Number:					
Registered Representative or Advisor	Mailing Addre	SS:			
City:	State:	Zip code:			
Business Phone (Required):	Fax	c :			
E-mail Address:					
REGISTERED INVESTMENT ADVISOR (RIA) - NO SELLING COMMISSIONS ARE PAID ON THESE ACCOUNTS. 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					
Signature(s) of Registered Representa	ative(s) or Adv	isor(s) (Required)	Date		

Date

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