

# DISTRIBUTION MODIFICATION REQUEST

This form may be used by any current investor (an "Investor") in Priority Income Fund, Inc. (the "Company") to elect to receive distributions from the Company by ACH direct deposit, by check, or to participate in the Company's Distribution Reinvestment Plan.

Complete and deliver this form to:

SHAREHOLDER SERVICES

866.655.3650

**Regular Mail:**  
P.O. Box 219768  
Kansas City, MO 64121-9768

**Express/Overnight Delivery:**  
430 West 7th Street  
Kansas City, MO 64105-1407

For all custodial account registrations, this form *must* be signed by both investor and custodian.

## 1. INVESTMENT REGISTRATION NAME AND ADDRESS (MUST MIRROR CURRENT REGISTRATION)

ACCOUNT # (Required): \_\_\_\_\_

Name of Owner/Entity: \_\_\_\_\_ Tax ID/SS #: \_\_\_\_\_

Name of Joint Owner (if applicable): \_\_\_\_\_ Tax ID/SS #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## 2. DISTRIBUTIONS *Please select only one of the following options (Medallion Stamp Guarantee Required for Options 4 and 5):*

- 1. I would like to participate in the Company's Distribution Reinvestment Plan. \*See Section 3 below.
- 2. I prefer distributions be paid to me at my address of record. (This option is not available for custodial account registrations.)
- 3. I prefer distributions be paid to the custodian FBO the Investor (This option is not available for non-custodial account registrations.)
- 4. I prefer distributions to be deposited directly via ACH into my checking account. This option is not available for custodial account registrations; distributions with respect to custodial accounts will be sent directly to the custodian FBO the Investor. Please enclose a voided check. (Note: You may not direct deposit via ACH to a brokerage account.) A deposit slip does not contain all of the information required to set up an ACH direct deposit. By enclosing a voided check, you authorize the Company to begin making electronic deposits to the designated checking account. An automated deposit entry shall constitute the receipt for each transaction. This authority is to remain in force until the Company receives written notification of its termination in such time and in such manner as to give the Company reasonable time to act. In the event that the Company deposits distributions erroneously into the account, it is authorized to debit the account for the amount of the erroneous deposit.
- 5. I prefer to direct distributions via check to a third party per my instructions below. To direct distributions (for non-custodial accounts only) to a party other than the registered owner, please provide the following information:

Name of Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**3. SUBSCRIBER SIGNATURES** *Investors electing to participate in the Company's Distribution Reinvestment Plan must complete this Section 3. Please carefully read and 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 the Company to accept the distribution modification, I hereby represent as follows:

- (a) I have received the Company's prospectus, as supplemented and amended (the "Prospectus"), and I accept and agree to be bound by the terms and conditions of the organizational documents of the Company. I acknowledge that a copy of the Prospectus is available online at behringerinvestments.com or may be obtained by contacting my financial advisor.
- (b) I acknowledge that there is no public market for this investment.
- (c) 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 Distribution Modification Form and do hereby legally bind the trust or other entity of which I am (we are) trustee(s) or authorized agent(s).

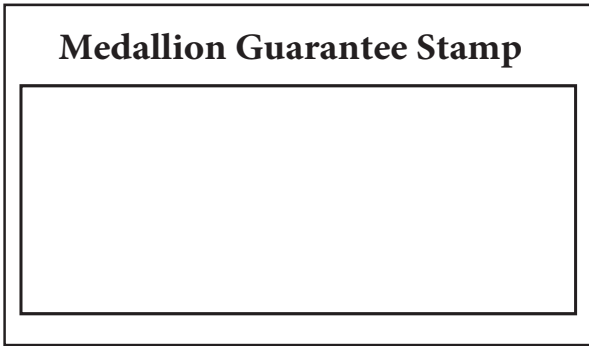
Owner	Joint Owner
_____	_____
<b>Initials</b>	<b>Initials</b>
_____	_____
<b>Initials</b>	<b>Initials</b>
_____	_____
<b>Initials</b>	<b>Initials</b>

**4. INVESTOR SIGNATURES**

MY SIGNATURE BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I acknowledge that distributions made prior to the date this instruction becomes effective (generally up to 30 days after receipt of this properly completed form) will be made in the manner provided for. For information regarding the election or termination of participation in the Distribution Reinvestment Plan, see the Prospectus. This instruction supersedes all prior instructions regarding the subject matter hereof.

\_\_\_\_\_  
Signature of Owner or Authorized Person                      Printed Name                      Date

\_\_\_\_\_  
Signature of Joint Owner, Trustee, Custodian, or Authorized Person if applicable                      Printed Name                      Date



**5. CUSTODIAN SIGNATURES**

If stockholders shares are held in a brokerage account or with another financial intermediary, stockholders may update distribution options by sending this Distribution Modification Form to the current custodian of record for approval and processing.

**MUST BE SIGNED BY CUSTODIAN OR TRUSTEE IF (1) IRA (2) QUALIFIED PLAN (3) NON-QUALIFIED CUSTODIAL HELD ACCOUNT IS HELD BY A THIRD PARTY.**

\_\_\_\_\_  
Signature of Custodian(s) or Trustee(s)                      Printed Name                      Date