

PRIORITY INCOME FUND, INC. ADDITIONAL APPLICATION

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION,
PLEASE CALL SHAREHOLDER SERVICES AT 866.655.3650

<p>(1) INVESTMENT</p>	<p>This form may be used by any current investor in Priority Income Fund, Inc. (Priority) who desires to purchase additional shares within the same share class of Priority currently owned and who purchased their shares directly from Priority. Investors who desire to purchase shares in a new share class must complete the "Priority Income Fund, Inc. Application" ("Initial Application") Investors who acquired shares other than through use of an Initial Application (e.g., through a transfer of owners or transfer on death) and who wish to make additional investments must complete the Initial Application.</p> <p style="text-align: center;">Please make all checks* payable to: "Priority Income Fund, Inc."</p> <p>*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;">INVESTMENT AMOUNT: \$ _____ All additional investments must be for at least \$500.00</p> <p style="text-align: center;">Share Class <i>Please select one of the following*</i></p> <p><i>*Please note that you can only use this Additional Application to make an additional investment in the same share class. If you wish to make an investment in a different share class, you must complete the Initial Application.</i></p> <p> <input type="checkbox"/> Class R Shares <input type="checkbox"/> Class RIA Shares <input type="checkbox"/> Class I Shares <i>Purchased through a Broker Dealer</i> <i>Purchased through an RIA</i> <i>Purchased through an Institutional agreement</i> </p> <p><input type="checkbox"/> Waiver of Commission. Please check this box if you are eligible for a waiver of commission. Waivers of commissions are available to: purchases through an affiliated investment advisor, participating Broker-Dealer or its retirement plan, or for a representative of a participating Broker-Dealer or his or her retirement plan or family members(s).</p>
<p>(2) REGISTRATION INFORMATION</p>	<p>_____</p> <p>Name of Existing Account Owner</p> <p>_____</p> <p>Existing Account # Tax ID/SS #</p> <p>Volume Discounts</p> <p><input type="checkbox"/> I am (we are) making, or previously have made, investments in the account listed above. A volume discount, if any, will be applied on an investor/account specific basis. No "householding" or aggregated purchases for related accounts is permitted. All holdings are subject to verification.</p>
<p>(3) BROKER DEALER/ FINANCIAL ADVISOR INFORMATION</p>	<p>The Financial Advisor must sign below to complete order. The Financial Advisor hereby warrants that he/she is duly licensed and may lawfully sell shares in the state designated as the investor's legal residence.</p> <p>_____ _____ Financial Advisor Name Financial Advisor #</p> <p><input type="checkbox"/> Registered Investment Adviser (RIA): All sales of securities must be made through a Broker-Dealer. If an RIA has introduced a sale, the sale must be conducted through (1) the RIA in his or her capacity as a Registered Representative of a Broker-Dealer, if applicable; (2) a Registered Representative of a Broker-Dealer which is affiliated with the RIA, if applicable; (3) if neither (1) nor (2) is applicable, an unaffiliated Broker-Dealer. (Section 3 must be filled in)</p> <p>The undersigned confirm on behalf of the Broker-Dealer that they (1) have reasonable ground to believe that the information and representations concerning the investor identified herein are true, correct and complete in all respects; (2) have discussed such investor's prospective purchase of shares with such investor; (3) have advised such investor of all pertinent facts with regard to the lack of liquidity and marketability of the shares; (4) have delivered a current Prospectus and related supplements, if any, to such investor; (5) have reasonable grounds to believe that the investor is purchasing these shares for his or her own account; (6) have reasonable grounds to believe that the purchase of shares is a suitable investment for such investor, that such investor meets the suitability standards required by applicable law, regulation or rule, as well as any suitability standards applicable to such investor set forth in the Prospectus and related supplements, if any, and that such investor is in a financial position to enable such investor to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto.</p> <p>_____ _____ Financial Advisor Signature Date</p>

**(4)
SUBSCRIBER
SIGNATURES**

SUBSTITUTE W-9: I HEREBY CERTIFY under penalty of perjury that (i) the taxpayer identification number shown on this Additional Application is true, correct and complete, (ii) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person.

Please separately initial each representation 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 to accept this Additional 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.

All items on this Additional Application must be completed in order for your application to be processed.

Owner/Trustee Signature _____
Date

Printed Name

Jt. Owner/Trustee/Custodian Signature _____
Date

Printed Name

You should not invest in Priority unless you have read and understood this agreement and the Prospectus referred to above and understand the risks associated with an investment in Priority. In deciding to invest in Priority, you should rely only on the information contained in the Prospectus, and not on any other information or representations from any other person or source. Priority and each person selling shares of Priority common stock shall be responsible for making every reasonable effort to determine that such purchase of shares in a suitable and appropriate investment for each investor, based on the information provided by the prospective investor regarding the investor's financial situation and investment objectives.

**(5)
MAILING
INSTRUCTIONS**

Please make your check payable to **Priority Income Fund, Inc.**, and, along with the completed Additional 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 Shareholder Services
P.O. Box 219768
Kansas City, MO 64121-9768
866-655-3650

Via Express/Overnight Delivery:
Priority Income Fund, Inc.
c/o Shareholder Services
801 Pennsylvania Ave
Suite 219768
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