

# 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.

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

**Complete and deliver this form to:**  
**SHAREHOLDER SERVICES**  
866.655.3650

**Express/Overnight Delivery:**  
801 Pennsylvania Ave Suite 219768  
Kansas City, MO 64105-1307

**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 B and C):*

- Option A – 100% Dividend Reinvestment: You may elect to automatically reinvest 100% of all distributions, including all existing shares held in your Priority Account (including if you previously selected another option), under the Dividend Reinvestment Plan at a price equal to 95% of the price that shares are sold in the offering at the closing immediately following the distribution payment date (see Prospectus for details) unless otherwise indicated below. To participate in the 100% Dividend Reinvestment Plan, complete section 3 below.
- Option B – 25% Dividend Reinvestment and 75% Cash Distribution: You may elect to automatically reinvest 25% of all distributions, including all existing shares held in your Priority Account (including if you previously selected another option), under the Dividend Reinvestment Plan at a price equal to 95% of the price that shares are sold in the offering at the closing immediately following the distribution payment date (see Prospectus for details) unless otherwise indicated below, with the remaining 75% of the distribution being paid to you in cash by check mailed to you, by check mailed to a third-party or alternate address, or by direct deposit. To participate in the 25% Dividend Reinvestment Plan and 75% Cash Distribution, please complete the information requested below, as well as Section 3.
- Option C – Cash Distribution: Alternatively, you may elect to receive 100% of the distribution, including on all existing shares held in your Priority Account (including if you previously selected another option) in cash by check mailed to you, by check mailed to a third-party or alternate address, or by direct deposit. To participate in 100% Cash Distributions, please complete the information requested below.

**DO NOT NEED TO COMPLETE THE INFORMATION REQUESTED BELOW IF YOU WANT TO PARTICIPATE IN THE DISTRIBUTION REINVESTMENT PLAN FOR ALL SHARES HELD IN YOUR PRIORITY ACCOUNT (OPTION A - 100% DIVIDEND REINVESTMENT). COMPLETE THE INFORMATION REQUESTED BELOW ONLY IF YOU ARE OPTING INTO OPTION B OR OPTION C TO ELECT TO RECEIVE SUCH PORTION OF 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 (Please complete information requested below)

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: \_\_\_\_\_

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



**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:

Owner Joint Owner

(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.

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(b) I acknowledge that there is no public market for this investment.

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(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).

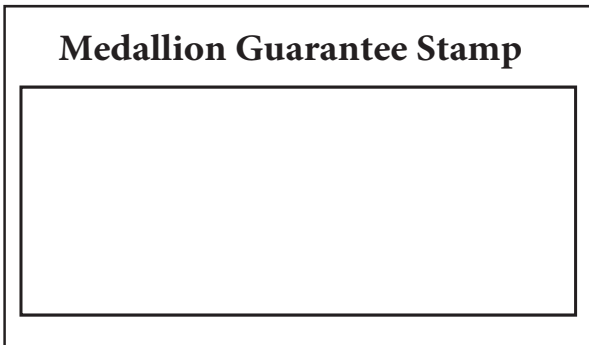
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**4. INVESTOR SIGNATURES**

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