



Account maintenance form

RETURN TO

FS Investments
c/o DST Systems, Inc.
P.O. Box 219095
Kansas City, MO 64121-9095

OVERNIGHT DELIVERY

FS Investments
c/o DST Systems, Inc.
430 W 7th St
Kansas City, MO 64105

SERVICE TEAM

Toll-free 877-628-8575
Fax 877-662-1120

Processing time is approximately three to five business days upon receipt of this form in good order by our transfer agent, DST Systems, Inc.

| Companies | Applicable sections |
|---|---------------------|
| FSIC, FSIC II, FSIC III, FSIC IV | Sections 1-7, 10 |
| FSGCO-A, FSGCO-D, FSGCO-T, FSGCO-ADV, FSGCO-T2 | Sections 1-7, 10 |
| FSEP | Sections 1-7, 10 |
| FS Credit REIT | Sections 1-5, 7-10 |
| FS Energy Total Return, FS Multi-Strategy | Sections 1-5, 7-10 |

This form may be used to take the following actions:

SECTION 2

Change of address. Investor can update the address using the investor portal login by visiting www.fsinvestments.com. Financial representative of record or investor can also update the address by calling the service team.

SECTION 3

Name change. Applicable legal documentation showing your name change, such as a marriage certificate or change of name affidavit, is required with this form.

SECTION 4

Interested party. Add an interested party to the address of record or add an alternate mailing address to which duplicate statements may be sent. Custodial accounts require custodial authorization.

SECTION 5

Change of cost-basis method of computation. Investors can also update this using the investor portal login by visiting www.fsinvestments.com. Custodial accounts require custodial authorization.

SECTION 6

Change of distribution instructions. Custodial accounts require custodial authorization. If no company selection is made in section 6, changes will be applicable to all companies under the same registration.

SECTION 7

Change of broker-dealer/registered investment advisor. Custodial accounts require custodial authorization.

SECTION 8

Change of dividend and capital gain distribution. Only applies to FS Energy Total Return Fund and FS Multi-Strategy Alternatives Fund. Custodial accounts require custodial authorization.

SECTION 9

Establish, modify or delete Systematic Purchase Plan/Automatic Investment Plan. Only applies to FS Energy Total Return Fund and FS Multi-Strategy Alternatives Fund. Custodial accounts require custodial authorization.

SECTION 10

Investor authorization and signatures. All client signatures are required. If any changes are made to sections 4-9 for custodial accounts, custodial authorization is required.

To obtain additional forms, change your email address or enroll in e-delivery, please visit the investor portal login at www.fsinvestments.com.



INVESTMENTS®

ACCOUNT MAINTENANCE FORM

1 Investment registration information

Trust/Corp/Partnership/Other _____ SSN/Tax ID _____

Individual owner/beneficial owner _____ SSN _____ Date of birth _____
(first, middle, last) (mm/dd/yyyy)

Joint owner/beneficial owner _____ SSN _____ Date of birth _____
(first, middle, last) (mm/dd/yyyy)

FS account number

Company selection:

I (We) authorize information to be changed on all companies recorded under the above-referenced SSN/Tax ID*

I (We) authorize information to be changed on only the following company(ies):

Company name(s)**

*Changes will be applicable to all companies under the same registration.

**FS Investment Corporation-Requests are applicable to registered stockholders only.

2 Change of address and/or phone number

NEW PHYSICAL ADDRESS

(street) _____ (city, state) _____ (ZIP) _____

(phone) _____

NEW MAILING ADDRESS (if different than physical address)

(street) _____ (city, state) _____ (ZIP) _____

3 Name change

Applicable legal documentation showing your name change, such as a marriage certificate or change of name affidavit, is required with this form.

Former name (print) _____ New name (print) _____
(first, middle, last) (first, middle, last)

Former signature _____ New signature _____

4 Interested party Custodial accounts require custodial authorization.

Complete this section to add an interested party to the address of record.

A duplicate of quarterly statements may be sent to the additional address provided.

Name _____
(first, middle, last)

Mailing address _____
(street/P.O. Box) (city, state) (ZIP)

Owner/Trustee _____ SSN/Tax ID _____

5 Change of cost-basis method of computation Select one. Custodial accounts require custodial authorization.

All FS companies except for FS Multi-Strategy Alternatives Fund have chosen the first in, first out (“FIFO”) method as the default method to calculate cost-basis for directly held (not in brokerage) non-qualified shares purchased after January 1, 2012 (“Covered Shares”). FS Multi-Strategy Alternatives Fund has chosen the average cost method as the default method to calculate the cost basis for Covered Shares. Complete this section to change the cost basis election for Covered Shares. Investors should consult with their financial and tax advisor on the most appropriate method. If a shareholder elects to change the cost accounting method applicable to such shareholder’s account from “average cost” to another method, and the shareholder has previously elected to use the average cost methodology with respect to shares repurchased by the applicable company or otherwise transferred by the shareholder, all existing lots in his or her account will maintain the average cost basis accounting methodology. Any shares purchased after the election to change cost accounting method (including shares issued pursuant to the applicable company’s distribution reinvestment plan) may utilize the new cost-basis methodology elected.

- First in, first out Last in, first out Average cost Specific share identification

6 Change of distribution instructions Custodial accounts require custodial authorization.

I (We) acknowledge that distributions may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the applicable companies for investment. Any capital returned to shareholders through distributions will be made after payment of fees and expenses, as well as any applicable sales load.

See section 8 to make distribution instruction changes for FS Energy Total Return Fund and FS Multi-Strategy Alternatives Fund.

APPLY APPLICABLE CHANGES TO SELECTED COMPANIES:*

- FS Investment Corporation** FS Global Credit Opportunities Fund–A FS Global Credit Opportunities Fund–T2
 FS Investment Corporation II FS Global Credit Opportunities Fund–D FS Energy and Power Fund
 FS Investment Corporation III FS Global Credit Opportunities Fund–T FS Credit Real Estate Income Trust, Inc.
 FS Investment Corporation IV FS Global Credit Opportunities Fund–ADV

*If no company selection is made, changes will be applicable to all companies under the same registration.

**Requests are applicable to registered stockholders only.

- I (We) choose to participate in the distribution reinvestment plan(s) of the company(ies) indicated above.
 All FS companies (except FS Investment Corporation) require that each investor that elects to have their distributions reinvested pursuant to the respective company’s distribution reinvestment plan notify the applicable company and their designated broker-dealer or registered investment advisor in writing at any time there is a material change in their financial condition, including failure to meet the minimum income and/or net worth standards set forth in the applicable company’s prospectus.
- I (We) choose to have distributions mailed to me (us) at my (our) address of record.
 Cash distributions for custodial accounts will be sent to the custodian of record.
- I (We) choose to have distributions mailed to me (us) at the following address:

 (street) (city, state) (ZIP)

- I (We) choose to have distributions deposited in a checking, savings or brokerage account.
 I (We) authorize the FS companies or their respective agents to deposit my (our) distributions into the account indicated below. This authority will remain in force until I (we) notify the applicable company in writing to cancel it. In the event that any company deposits funds erroneously into my (our) account, the company is authorized to debit my (our) account for the amount of the erroneous deposit. I (we) also hereby acknowledge that funds and/or shares in my (our) account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the FS companies, their affiliates, their agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws.

Name of financial institution _____ Account type: Checking Savings Brokerage†

Mailing address _____
 (street) (city, state) (ZIP)

ABA routing number (if applicable) _____ Account number _____

†If brokerage is selected, mailing address does not need to be provided.

Owner/Trustee _____ SSN/Tax ID _____

7 Change of broker-dealer/registered investment advisor (RIA) Custodial accounts require custodial authorization.

New broker-dealer or RIA firm name _____

New financial representative or IAR name _____
(first, middle, last)

Mailing address _____
(street) (city, state) (ZIP)

Advisor number/CRD number _____ Branch number _____

Phone # _____ Email address _____

The undersigned broker-dealer, financial advisor or registered investment advisor represents and warrants that they have reasonable grounds to believe that this investment is suitable for the investor. The broker-dealer, financial advisor or registered investment advisor further represents and certifies their adherence to all applicable policies and procedures under their firm's existing anti-money laundering program and customer identification program. An executed Selling/Service agreement must be active with FS Investments in order to receive trail commissions on eligible funds.

| Financial representative signature | Date (mm/dd/yyyy) | Principal signature (if applicable) | Date (mm/dd/yyyy) |
|------------------------------------|-------------------|-------------------------------------|-------------------|
| | | | |

SECTIONS 8-9 ONLY APPLY TO FS ENERGY TOTAL RETURN FUND AND FS MULTI-STRATEGY ALTERNATIVES FUND.

8 Change of dividend and capital gain distribution Custodial accounts require custodial authorization.

If this election is not completed, the Company will default for the investor to participate in the Fund's distribution reinvestment plan. For brokerage or custodial accounts, non-reinvested funds will be sent to the firm of record. I (We) acknowledge that distributions may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the applicable companies for investment. **I (We) acknowledge that distributions will be made after payment of applicable fees and expenses, including shareholder servicing fees, as well as any applicable sales load.**

APPLY APPLICABLE CHANGES TO SELECTED COMPANIES:

FS Energy Total Return Fund FS Multi-Strategy Alternatives Fund

I (We) hereby elect the distribution option indicated below:

Dividends Reinvest Mail check Checking/Savings/Brokerage* (complete below)

Capital Gains Reinvest Mail check Checking/Savings/Brokerage* (complete below)

Name of financial institution _____ Account type: Checking Savings Brokerage**

Mailing address _____
(street) (city, state) (ZIP)

ABA routing number (if applicable) _____ Account number _____

*I (We) authorize the Company or its agent to deposit my (our) distributions into the account indicated above. This authority will remain in force until I (we) notify the Company in writing to cancel it. In the event that the Company deposits funds erroneously into my (our) account, the Company is authorized to debit my (our) account for the amount of the erroneous deposit. I (We) also hereby acknowledge that funds and/or Shares in my (our) account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the Company, its affiliates, its agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws.

**If brokerage is selected, mailing address does not need to be provided.

Owner/Trustee _____ SSN/Tax ID _____

9 Establish, modify or delete Systematic Purchase Plan/Automatic Investment Plan

Custodial accounts require custodial authorization.

SELECT A COMPANY FOR SYSTEMIC PURCHASE/AUTOMATIC INVESTMENT:

FS Energy Total Return Fund FS Multi-Strategy Alternatives Fund

Check one: Establish a new plan Modify an existing plan Delete an existing plan

This plan allows you to add regularly to the selected company by authorizing us to deduct money directly from your bank account. Your bank must be a member of the Automated Clearing House (ACH). If you chose this option, **please complete this section and attach a voided check. Qualified accounts require custodian signoff (verify with your financial institution if option is available). Please contact the Company for more information.**

Please transfer \$ (\$100 minimum) from my bank account:

Check one: Monthly Quarterly Semi-annually Annually

On the _____ day of the month, beginning on _____
(mm/yyyy)

Important note: If the plan falls on a holiday or weekend, the deduction from your checking or savings account will occur on the next business day. This authorization shall continue until terminated by any account owner by written notification to DST. Termination will be effective as soon as DST has had reasonable time to act upon it following receipt.

I authorize the purchase of Shares of the Company through the Systematic Purchase Plan/Automatic Investment Plan by the ACH of which my bank is a member.

Type of account: Checking Savings

Name of financial institution _____

ABA routing number _____ Account number _____

Please attach a copy of a voided check or account verification letter from the bank.

| | | |
|--|--|------------|
| JOHN A. SAMPLE 123 SAME STREET ANYWHERE, USA 12345 | | 001 |
| Pay to the order of _____ \$ _____ | | Date _____ |
| Dollars | | |
| Any Bank USA Somewhere, USA | | |
| For _____ | | |
| ⑆0⑆0020003⑆ ⑆234567890⑆ 000⑆ | | |

Routing Account

Owner/Trustee

SSN/Tax ID

10 Investor authorization and signatures Custodial accounts require custodial authorization.

The undersigned hereby authorizes and instructs FS Investments to implement the changes indicated on this form for the company(ies) indicated in sections 1, 6, 8 and/or 9 of this form on or after the date this form is processed. If this is an investment through an IRA or other custodial arrangement, distributions will continue to be sent to the record owner of the investment at its address as set forth in the records for the applicable company. If the investor currently receives direct deposit of distributions, the company(ies) shall continue to comply with the investor's existing instructions.

For investors electing to participate in the distribution reinvestment plan of a company in section 6 (other than FS Investment Corporation), the undersigned warrants receipt of the current prospectus/private placement memorandum for the applicable company(ies) no later than five business days prior to the date set forth below. The undersigned also warrants that they meet the suitability requirements of the applicable company(ies) and of the individual's state, as applicable. A copy of the applicable company's current prospectus/private placement memorandum may be obtained by contacting your financial advisor.

The undersigned acknowledges that they have a duty to promptly notify the company(ies) in writing if, at any time during which they are participating in the distribution reinvestment plan of the company(ies), they cannot make the representations or warranties set forth in the original subscription agreement.

MY (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I (We) acknowledge that distributions made prior to the date upon which this instruction becomes effective (up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for and arranged. This instruction supersedes all prior instructions regarding the subject matter hereof.

| Owner or authorized person signature | Date (mm/dd/yyyy) | Joint owner or authorized person signature | Date (mm/dd/yyyy) |
|--------------------------------------|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Custodian authorization (Required for custodial accounts)

Owner/Trustee

SSN/Tax ID

ORIGINAL CUSTODIAN AUTHORIZATION IS REQUIRED.

Return to: FS Investments c/o DST Systems Inc. • P.O. BOX 219095 • Kansas City, MO • 64121-9095

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