

RETURN TO

FS/KKR Advisor, LLC
c/o DST Systems, Inc.
P.O. Box 219984
Kansas City, MO 64121-9984

OVERNIGHT DELIVERY

FS/KKR Advisor, LLC
c/o DST Systems, Inc.
430 W 7th Street, Suite 219984
Kansas City, MO 64105

SERVICE TEAM

Toll-free 877-628-8575
Fax 844-871-9770

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
Corporate Capital Trust	Sections 1-8
Corporate Capital Trust II	Sections 1-8

This form may be used to take the following actions:**SECTION 2**

Change of address and/or phone number. Financial representative of record or investor can also make these updates 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 or alternate mailing address where duplicate quarterly statements may be sent. This option is for statement mailing purposes only and does not grant telephone or account access privileges. Custodial accounts require custodial authorization.

SECTION 5

Change of cost-basis method of computation. 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

Investor authorization and signatures. All client signatures are required. If any changes are made to sections 4-7 for custodial accounts, custodial authorization is required.

To obtain additional forms, please visit www.corporatecapitaltrust.com or www.fsinvestments.com.

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)

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.

**Corporate Capital Trust - 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 quarterly statement may be sent to the additional address provided. This option does not grant telephone or account access privileges. This option is not available on all accounts. For custodial, brokerage or managed accounts, please contact the custodian of record to confirm availability.

Name _____
(first, middle, last)Mailing address _____
(street/P.O. Box) (city, state) (ZIP)

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

All companies 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”). 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.

APPLY APPLICABLE CHANGES TO SELECTED COMPANIES:*

- Corporate Capital Trust** Corporate Capital Trust II

*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 companies (except Corporate Capital Trust) 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 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 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 _____

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.

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

8 Investor authorization and signatures Custodial accounts require custodial authorization.

The undersigned hereby authorizes and instructs CCT / CCT II to implement the changes indicated on this form for the company(ies) indicated in sections 1, 6 and/or 7 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 Corporate Capital Trust), 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)

Custodian authorization (Required for custodial accounts)

Return to: FS/KKR Advisor, LLC c/o DST Systems, Inc. • P.O. Box 219984 • Kansas City, MO 64121-9984
Overnight delivery: FS/KKR Advisor, LLC c/o DST Systems, Inc. • 430 W 7th Street Suite 219984 • Kansas City, MO 64105
Toll-free 877-628-8575 • **Fax** 844-871-9770