

V1.1

**Important information:**

Use this form to transfer shares to a new or existing Corporate Capital Trust II account or to update your Corporate Capital Trust II account registration. If you wish to sell or redeem shares, please contact us at 877-628-8575 for further instructions.

**Current owner(s) or authorized person(s), please complete sections 1–3 and 11. New owner(s), please complete sections 4–10 and 12. Please type or print clearly.**

**1 Current account registration**

Individual owner(s) SSN/Tax ID(s)

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Trust/Corp/Partnership/Other SSN/Tax ID

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Account number (if known)

**2 Reason for transfer or re-registration** Select only one

- Transfer or re-registration for reason other than death (divorce/separation, transfer to a trust, change of ownership, etc.)  
Sale of shares (cost per share: \$ \_\_\_\_\_) If no consideration was paid, please insert \$0.00 as the cost per share.
- Death Legible photocopy of death certificate is required. (For existing transfer on death (TOD) accounts transferring to multiple beneficiaries, a signature guarantee is required in section 12.)

**3 Amount to transfer**

**NOTE:** For partial transfers, please indicate either an exact number of shares or a percentage.

FUND NAME	ALL SHARES	NUMBER OF SHARES	PERCENTAGE
Corporate Capital Trust II	<input type="checkbox"/>	OR	OR <span style="float: right;">%</span>

**4 Change of cost basis method of computation** (optional)

Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to first in, first out (FIFO). You should consult your tax professional before making this election. Check only one option below.

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

**5 Transfer instructions** Select only one

- Transfer to a new account Please complete sections 6–10.
- Transfer to an existing account Please skip sections 6–10 and proceed to sections 11–12.

Account number

Account holder/registration SSN/Tax ID

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**6 Ownership** Select only one

Please complete section 8A.

**SINGLE OWNER**

Individual\*

**MULTIPLE OWNERS**

Community property

Tenants in common

Joint tenants with rights of survivorship (JTROS)\*

UGMA/UTMA State of \_\_\_\_\_  
Name of minor's custodian (required)

Please complete section 8A.  
Custodian required in section 7.  
Custodian authorization required in section 12.

**QUALIFIED PLAN ACCOUNT**

Traditional IRA

Roth IRA

Rollover IRA

SIMPLE IRA

SEP IRA

Beneficial IRA

Other \_\_\_\_\_  
(please specify)

Please complete section 8B.

**OTHER ACCOUNT\*\***

Qualified pension

Corporation: S-Corp

Corporation: C-Corp

Profit-sharing plan

Keogh

Partnership

401(k)

Estate

Trust†

\*To make a transfer on death (TOD) designation, attach a completed TOD form. TOD forms can be found on [www.fsinvestments.com](http://www.fsinvestments.com).

\*\*Additional supporting documentation required.

†Trusts require either trust documents (title page, trustee assignment page and signature page) or the FS Trustee Certification of Investment Powers Form, which can be found at [www.fsinvestments.com](http://www.fsinvestments.com).

**7 Custodial/Brokerage account information** (if applicable)

Name of custodian \_\_\_\_\_ Custodian phone # \_\_\_\_\_

Mailing address \_\_\_\_\_  
(street) (city, state) (ZIP)

To be completed by custodian (custodian authorization required in section 12)

Custodian tax ID # \_\_\_\_\_ Custodian account # \_\_\_\_\_

**8 New account registration** Please complete A or B

**NOTES:**

- The following information needs to be provided on this transfer form for all individuals who will be (i) owner(s) of the account, (ii) acting pursuant to a Power of Attorney or (iii) signing on behalf of a legal entity that will own the account: name, date of birth, residential/street address, and Social Security number (SSN) or Tax Identification Number (TIN). We may also ask to see government-issued identifying documents.
- If the new owner is an estate, the estate's TIN must be provided in section B.

**A Individual owner/beneficial owner**

\_\_\_\_\_  
(first, middle, last)

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_ Phone # \_\_\_\_\_  
(mm/dd/yyyy)

**CITIZENSHIP**  U.S. citizen  Resident alien \_\_\_\_\_  Non-resident alien \_\_\_\_\_  
(country) (form W-8BEN is required) (country)

Joint owner/beneficial owner \_\_\_\_\_

\_\_\_\_\_  
(first, middle, last)

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_ Phone # \_\_\_\_\_  
(mm/dd/yyyy)

**CITIZENSHIP**  U.S. citizen  Resident alien \_\_\_\_\_  Non-resident alien \_\_\_\_\_  
(country) (form W-8BEN is required) (country)

U.S. street address \_\_\_\_\_  
(You must include a permanent U.S. street address even if your mailing address is a P.O. Box) (city, state) (ZIP)

Mailing address \_\_\_\_\_  
(Leave blank if your U.S. street address and mailing address are the same) (city, state) (ZIP)

**8 New account registration** Please complete A or B (continued)**B Trust/Estate/Other Account**

SSN/Tax ID _____		Date of formation _____ (mm/dd/yyyy)	
U.S. street address _____		(city, state)	(ZIP)
Mailing address _____ (Leave blank if your U.S. street address and mailing address are the same)		(city, state)	(ZIP)
Trustee/authorized person _____ (first, middle, last)		Trustee/authorized person _____ (first, middle, last)	
SSN _____	DOB _____ (mm/dd/yyyy)	Phone # _____	
U.S. street address _____		U.S. street address _____	
(city, state, ZIP)		(city, state, ZIP)	

**9 Distribution instructions by Transferee(s)**

If this election is not completed, the Company will default to sending the investor's cash distributions out by check to his or her address of record provided in section 8 or to the custodian indicated in section 7, as applicable. **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 Company for investment. Any capital returned to stockholders through distributions will be made after payment of fees and expenses.**

**I hereby elect the distribution option indicated below:**

I (We) choose to participate in the Company's distribution reinvestment plan.

The Company requires each investor who elects to have his or her distributions reinvested pursuant to the Company's distribution reinvestment plan to notify the Company and his or her designated broker-dealer or registered investment advisor in writing at any time there is a material change in his or her financial condition.

I (We) choose to have distributions sent to the address in section 8.

(Cash distributions for custodial accounts will be sent to the custodian of record noted in section 7.)

I (We) choose to have distributions sent to the following address:

\_\_\_\_\_ (street) \_\_\_\_\_ (city, state) \_\_\_\_\_ (ZIP)

I (We) choose to have distributions deposited in a checking, savings or brokerage account. (Complete the information below.)

I authorize the Company or its agent to deposit my (our) distributions into the account indicated below. 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 share 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.

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.

**10 Financial representative information** If not completed, there will be no advisor on the account

Broker-dealer or RIA firm name _____		
Financial representative name _____ (first, middle, last)		
Mailing address _____ (street) _____ (city, state) _____ (ZIP)		
Advisor/CRD number _____	Branch number _____	Phone # _____
Email address _____	Fax # _____	

## 11 Authorization and signature(s) of current owner(s) Required

Only one medallion signature guarantee is required for Transferor's signature. If shares are held by a custodian, custodian authorization is also required.

Signatures must be guaranteed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulator Authority that is an eligible guarantor institution. A notary public is not an acceptable guarantor. The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal. A medallion signature guarantee is acceptable in place of a signature guarantee.

The Transferor(s) acknowledges his or her agreement to the transfer of shares. The Transferor(s) further agrees that none of the Company, its board of directors/trustees, or any of their respective affiliates shall be responsible for any loss incurred as a result of such transfer. The Transferor(s) has received no representations or warranties from the Company, its board of directors/trustees or any of their respective affiliates.

<b>Signature of Transferor or authorized person</b>	<b>Date (mm/dd/yyyy)</b>	<b>Signature of joint transferor or authorized person</b>	<b>Date (mm/dd/yyyy)</b>
<b>Medallion signature guarantee</b> (Required)		<b>Custodian authorization</b> (Required for transfers of custodial accounts)	

## 12 Authorization and signature(s) of new owner(s)

Substitute IRS Form W-9 Certification:

I declare that the information supplied in this Transfer Form is true and correct and may be relied upon by the Company in connection with my investment in the Company. Under penalties of perjury, each investor signing below certifies that (1) the number shown in the investor Social Security number/taxpayer identification number field in section 8 of this Transfer Form is my correct Social Security number or taxpayer identification number, as applicable (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. person (including a non-resident alien); and (4) the entity is exempt from FATCA reporting (if applicable). **NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.**

The Company is required by law to obtain, verify and record certain personal information from the Transferee(s) or persons on the Transferee's behalf in order to establish the Transferee's account. Required information includes the Transferee's name, date of birth, permanent residential address and Social Security number/taxpayer identification number. The Company may also ask the Transferee(s) to provide other identifying documents. If the Transferee(s) does not provide the requested information, the Company may not be able to open the Transferee's account. The Transferee(s) agrees to provide this information and confirm that this information is true and correct. By signing this Transfer Form, the Transferee(s) further agrees that the Company may discuss the Transferee's personal information and the Transferee's investment in the share at any time with the Transferee's then-current financial advisor. If the Company is unable to verify the Transferee's identity, or that of another person(s) authorized to act on the Transferee's behalf, or if the Company believes that it has identified potentially criminal activity, the Company reserves the right to take action as it deems appropriate, which may include closing the Transferee's account.

MY SIGNATURE(S) BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I acknowledge that the information and distributions made and/or sent prior to the date that this Transfer Form becomes effective (generally up to 30 days after receipt of this properly completed Transfer Form) will be made in the manner previously provided for and arranged. This Transfer Form supersedes all prior instructions regarding the subject matter hereof.

The IRS does not require your consent to any provision of this Transfer Form other than the certifications required to avoid backup withholding.

<b>Signature of Transferee or authorized person</b>	<b>Date (mm/dd/yyyy)</b>	<b>Signature of joint transferee or authorized person</b>	<b>Date (mm/dd/yyyy)</b>
<b>Custodian authorization</b> (Required for transfers of custodial accounts)		<b>Signature guarantee*</b> (Required for TOD accounts transferring to multiple beneficiaries only)	

\*For existing TOD accounts with multiple beneficiaries claiming shares, by signing you are acknowledging there are no known disputes as to the persons entitled to a distribution under the non-probate transfer or the amounts to be distributed to each beneficiary, and no known claims affecting the distribution requested. **For TOD accounts with multiple beneficiaries, a signature guarantee is required for the signature(s) of the new owner(s).**

**ORIGINAL MEDALLION SIGNATURE GUARANTEES ARE REQUIRED.**

**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**