

**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.

**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.

**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.fsinvestments.com](http://www.fsinvestments.com).

# ACCOUNT MAINTENANCE FORM

## 1 Investment registration information

Trust/Corp/Partnership/Other	SSN/Tax ID	
Individual owner/beneficial owner <small>(first, middle, last)</small>	SSN	Date of birth <small>(mm/dd/yyyy)</small>
Joint owner/beneficial owner <small>(first, middle, last)</small>	SSN	Date of birth <small>(mm/dd/yyyy)</small>
Account number		

## 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) <small>(first, middle, last)</small>	New name (print) <small>(first, middle, last)</small>
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 <small>(first, middle, last)</small>	
Mailing address <small>(street/P.O. Box)</small>	<small>(city, state)</small> <small>(ZIP)</small>

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

This company has 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 company 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.

- I (We) choose to participate in the distribution reinvestment plan of the company indicated above.  
This company requires that each investor that elects to have their distributions reinvested pursuant to the company's distribution reinvestment plan notify the 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 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 company 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 company in writing to cancel it. In the event that 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, 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 II to implement the changes indicated on this form for the company 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 company. If the investor currently receives direct deposit of distributions, the company shall continue to comply with the investor's existing instructions.

For investors electing to participate in the distribution reinvestment plan of the company in section 6, the undersigned warrants receipt of the current prospectus/private placement memorandum for the company 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 company and of the individual's state, as applicable. A copy of the 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 in writing if, at any time during which they are participating in the distribution reinvestment plan of the company, 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