

Transfer Form

Instructions

ALL SECTIONS MUST BE COMPLETE FOR THIS FORM TO BE ACCEPTABLE AND VALID.

TRANSFEROR: COMPLETE SECTIONS 1 AND 7

TRANFEREE: COMPLETE SECTIONS 2-6 AND 8

RETURN TO

Triloma
c/o DST Systems, Inc.
P.O. Box 219756
Kansas City, MO 64121-9756
Triloma@DSTSystems.com

OVERNIGHT DELIVERY

Triloma
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64105

CLIENT SERVICES

Toll free 844-224-4714
Fax 855-338-0414

Processing time is approximately 3-5 business days once received in good order at our Transfer Agent, DST Systems, Inc.

Transfer Form

1. Investor ("Transferor") Information (Current Investor)

Owner/Beneficial Owner: _____ SSN/Tax ID: _____
(first, middle, last)

Joint Owner/Beneficial Owner: _____ SSN/Tax ID: _____
(first, middle, last)

Investor Account Number (can be found on quarterly statements): _____

Apply Applicable Changes to:

- All Triloma funds (If no selection is made, this is the default.)
- Only to (list fund name(s)): _____

Reason for Transfer:

- Transfer to/from a Custodial Account Death Gift Sale of Shares (cost per share: \$ _____)
- Re-Registration Other (please specify) _____

Amount:

- Full Transfer Partial Transfer Number of shares to be transferred: _____

2. Transfer Instructions (Select only one)

- Transfer to a New Account (Please complete section 3-6 and 8)
- Transfer to an Existing Account (Please complete only sections 5, 6 and 8)

Account Number: _____

Name on Account: _____ SSN/Tax ID: _____
(first, middle, last)

3. Transferee/Accepting Ownership Type (Select only one)

SINGLE OWNER¹

- Individual²

MULTIPLE OWNERS¹

- Community Property
- Tenants in Common
- Joint Tenants with Rights of Survivorship²

MINOR ACCOUNT¹

- UGMA: State of _____
- UTMA: State of _____

¹ Please complete part A of section 4 (Investor Information).

² To make a transfer on death ("TOD") designation, attach a completed TOD form.

OTHER ACCOUNT³

- Qualified Pension Profit Sharing Partnership Trust
- Corporation Keogh Estate Other _____

³ Please complete part B of section 4 (Investor Information).

QUALIFIED PLAN ACCOUNT⁴

Traditional IRA Roth IRA Rollover IRA SIMPLE IRA SEP IRA Other: _____

⁴ Please complete part A of section 4 (Investor Information).

CUSTODIAL ARRANGEMENT (Custodial accounts require custodial authorization. **See Section 8.**)

Name of Custodian: _____ Custodian Phone #: _____

Mailing Address: _____
(street/P.O. Box) (city/state) (zip)

4. Transferee Information (Please print)

A Individual Owner/Beneficial Owner: _____
(first, middle, last)

SSN: _____ Date of Birth: _____
(mm/dd/yyyy)

Joint Owner/Beneficial Owner: _____
(first, middle, last)

SSN: _____ Date of Birth: _____
(mm/dd/yyyy)

Mailing Address: _____
(You must include a permanent street address even if your mailing address is a P.O. Box) (city/state) (zip)

U.S. Street Address: _____
(Leave blank if your U.S. street address and mailing address are the same) (city/state) (zip)

Phone #: _____ E-mail Address: _____

Country of Citizenship: _____

Subject to Backup Withholding *(select one)*: Yes No

B Trust/Corporation/Partnership/Other¹: _____

SSN/Tax ID: _____ Date of Birth: _____
(mm/dd/yyyy)

Mailing Address: _____
(You must include a permanent street address even if your mailing address is a P.O. Box) (city/state) (zip)

U.S. Street Address: _____
(Leave blank if your U.S. street address and mailing address are the same) (city/state) (zip)

Trustee(s): _____ SSN/Tax ID: _____

Subject to Backup Withholding *(select one)*: Yes No

If Corporation: C Corp S Corp

Officer(s), General Partner or Authorized Person(s): _____

¹ Please attach the pages of the trust or plan document (or corporate resolution) which list the names of the trust or plan, signatures and date. The Trustee Certification of Investment Powers Form for Trust Accounts may be completed in lieu of providing trust documents.

5. Distributions

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 4 or to the custodian indicated in Section 3, as applicable.

I hereby elect the distribution option indicated below:

I choose to participate in the Distribution Reinvestment Plan.

Applicable Triloma funds require that each investor who elects to have his or her distributions reinvested in the respective fund's Distribution Reinvestment Plan agree to notify the fund and their broker-dealer or registered investment advisor in writing any time there is a material change in his or her financial condition.

I choose to have distributions sent to the address in section 4.

(Or section 3 for custodial accounts. Cash distributions for custodial or brokerage accounts will be sent to the custodian of record.)

I choose to have distributions sent to me at the following address:

_____ (street/P.O. Box)

_____ (city/state)

_____ (zip)

I choose to have distributions electronically deposited in a checking account, saving account, individual retirement account ("IRA"), brokerage account or sent the custodian for the benefit of the investor.

I authorize the funds or their respective agents to deposit my distribution to the account indicated below. This authority will remain in force until I notify the funds in writing to cancel it. In the event that a fund deposits funds erroneously into my account, the fund is authorized to debit my account for the amount of the erroneous deposit. I also hereby acknowledge that money and/or shares in my 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 funds, their affiliates, their agents or any other person shall be liable for any property delivered in good faith to governmental authority pursuant to applicable abandoned property, escheat or similar laws. I 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 funds for investment. Any capital returned through distributions will be distributed after payment of fees and expenses, as well as any sales load.

Name of Financial Institution: _____ Account Type: _____

Address: _____
(street/P.O. Box) (city/state) (zip)

ABA Routing Number: _____ Account Number: _____

6. Transferee Financial Advisor

Broker-Dealer or RIA Firm Name: _____

Financial Representative Name: _____

Mailing Address: _____
(street/P.O.Box) (city/state) (zip)

Advisor Number: _____ Branch Number: _____ Phone: _____

E-mail Address: _____ Fax: _____

7. Authorization and Signature(s) of Transferor

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

(Only one medallion signature guarantee required. If custodial held, custodian authorization is also required.)

Transferor or Authorized Person's Printed Name <input type="text"/>	Joint Transferor or Authorized Person's Printed Name <input type="text"/>
Transferor or Authorized Person's Signature <input type="text"/>	Joint Transferor or Authorized Person's Signature <input type="text"/>
Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>

Custodian Authorization/Medallion Stamp Guarantee
 (Required for custodial accounts)

Date
 (mm/dd/yyyy) / /

[Remainder of page intentionally left blank; signature page to follow.]

8. Authorization and Signature(s) of Transferee

Substitute IRS Form W-9 Certification:

I (we) 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 (our) investment in the company. Under penalties of perjury, I (we) certify that (1) the number shown in the Investor Social Security Number/Taxpayer Identification Number field in section 4 of this Transfer Form is my correct Social Security Number/Taxpayer Identification Number (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) I am exempt from FATCA reporting. Please note that because no FATCA exemption code is required, certification item (4) does not apply to persons eligible to make a Form W-9 certification using this document. **NOTE: You must cross out item (2) above if you have been notified by the the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.** If you are not a U.S. resident, you are required to submit the appropriate certification of U.S. tax non-residency on Form W-8BEN, Form W-8BEN-E, Form W-8ECI, or Form W-8IMY. If you are a foreign person who is, in fact, a U.S. taxpayer, you may use this substitute form.

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

MY (OUR) SIGNATURES BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I (We) acknowledge that information and distributions made and/or sent 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.

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

<p>Transferee or Authorized Person's Printed</p> <input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/> <p>Transferee or Authorized Person's Signature</p> <input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/> <p style="text-align: right;">Date (mm/dd/yyyy)</p> <input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>	<p>Joint Transferee or Authorized Person's Printed</p> <input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/> <p>Joint Transferee or Authorized Person's Signature</p> <input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/> <p style="text-align: right;">Date (mm/dd/yyyy)</p> <input style="width: 100%; height: 25px; border: 1px solid black;" type="text"/>
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Custodian Authorization/Medallion Stamp Guarantee
(Required for custodial accounts)

Date
(mm/dd/yyyy)

To be completed by custodian

Custodian Tax ID #: _____

Custodian Account #: _____

Return to: Triloma c/o DST Systems Inc. | PO Box 219756 | Kansas City, MO 64121-9756 | Triloma@DSTSystems.com
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