

TRANSFER ON DEATH (T.O.D.) FORM

(OPTIONAL - NOT APPLICABLE FOR CUSTODIAL HELD ACCOUNTS)

Bluerock High Income Institutional Credit Fund Account Number (for existing accounts)	Complete this form and return to address below. Mail to:
	Bluerock High Income Institutional Credit Fund C/O DST Systems, Inc. 430 W. 7th Street Kansas City, MO 64105
 TRANSFER ON DEATH INFORMATION A Transfer on Death (T.O.D.) designation transfers ownership of shares to the registered owner's (owners') beneficiary(ies) upon death; provided that the above referenced investment(s) receive(s) proof of death and other documentation it (they) deem(s) necessary or appropriate. 	 A T.O.D. designation on an account will remain in effect until Bluerock High Income Institutional Credit Fund has confirmed any request to amend such designation. All written requests should be mailed to the address listed above.
• Until the death of the account owner(s), the T.O.D. beneficiary(ies) has (have) no present interest in, or authority over, the T.O.D. account.	 We require a guardian to be listed if a beneficiary (whether primary or contingent) is name but there are no fields to capture this.
A T.O.D. designation will be accepted only where shares are owned by a natural person and registered in that individual's name or by two or more natural persons as joint tenants with rights of survivorship.	 A T.O.D. designation and all rights related thereto shall be governed by the laws of the State of Missouri. A T.O.D. designation may be voided at any time by the above referenced investment(s), in its (their) color
 Accounts registered to trusts, corporations, charities, and other such entities may not declare a T.O.D. designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a T.O.D. for accounts registered to a natural person. 	 above referenced investment(s), in its (their) sole discretion, if there is any doubt as to the validity or effectiveness of a T.O.D. designation. A T.O.D. designation will not be accepted from residents of Louisiana.
This form must not be used in conjunction with custodial held registrations. Under custodial held registrations, TOD designations of beneficiaries will be collected by the Custodian.	 A T.O.D. designation made by joint tenants with rights of survivorship does not take effect until the last of all multiple owners die. The surviving owners may revoke or change the T.O.D. designation at any time.
INVESTOR INFORMATION NAME OF REGISTERED OWNER (exactly as name appear	rs in the Subscription Agreement/Signature Page)
INVESTOR'S SSN NAME OF JOINT REGISTERED OWNER (exactly as name)	appears in the Subscription Agreement/Signature Page)

TRANSFER ON DEATH DESIGNATION

INVESTOR'S SSN

I (we) authorize the above referenced investment(s) to register all of my (our) shares of its (their) common stock in beneficiary form, assigning ownership on my (our) death to my (our) beneficiary(ies). I understand that if more than one beneficiary is listed, percentages for each must be designated. If percentages are not designated, the shares will be divided equally. Percentages must equal 100%. For additional beneficiaries, please complete and attach an additional form.

Questions regarding your account should be directed to:



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(OPTIONAL)

PRIMARY BENEFICIARY FULL NAME	GUARDIAN (if applicable)
SSN (REQUIRED)	TAX ID # PERCENTAGE
OR	
DATE OF BIRTH (REQUIRED)	
□ SECOND BENEFICIARY OR □ CONTINGENT BENEFICIARY FULL NAME GUARDIAN (if applicable)	
SSN (REQUIRED)	TAX ID # PERCENTAGE
OR	
DATE OF BIRTH (REQUIRED)	
☐ THIRD BENEFICIARY OR ☐ CONTINGENT BENEFICIARY FULL NAME GUARDIAN (if applicable)	
FOLL NAIVIE	GUARDIAN (if applicable)
CCN (PEOLIPED)	TAX ID # PERCENTAGE
SSN (REQUIRED)	
OR	
DATE OF BIRTH (REQUIRED)	
☐ FOURTH BENEFICIARY OR ☐ CONTINGENT BENEF	FICIARY
FULL NAME	GUARDIAN (if applicable)
SSN (REQUIRED)	TAX ID # PERCENTAGE
OR	
DATE OF BIRTH (REQUIRED)	
SIGNATURE By signing below, I (we) authorize the above referenced investment form. The designation(s) will be effective on the date of receipt. Ac	c(s) to register all of my (our) shares of its (their) common stock in T.O.D.
previously with respect to my (our) shares in above referenced inve- agree on behalf of myself (ourselves) and my (our) heirs, assigns, ex- the above referenced investment(s) and any and all of its (their) aff	estment(s). I (we) have reviewed the information set forth below. I (we) executors, administrators and beneficiaries to indemnify and hold harmless illiates, agents, successors and assigns, and its and their respective
indirectly out of or resulting from the transfer of my (our) shares in	and all claims, liability, damages, actions and expenses arising directly or accordance with this T.O.D. designation. I (we) further understand that e and I (we) agree to consult with my (our) attorney, if necessary, to make
, , , , , , , , , , , , , , , , , , , ,	t/Signature Page. All registered owners must sign. This authorization form
is subject to the acceptance of the above referenced investment(s).	
SIGNATURE OF PRIMARY INVESTOR (required)	DATE
SIGNATURE OF JOINT INVESTOR (if applicable)	DATE

Questions regarding your account should be directed to: