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**The Transferee hereby represents and warrants to Bluerock High Income Institutional Credit Fund (the "Fund") as follows:**

1. Transferee has received a copy of the Fund's Prospectus dated June 21, 2022 (the "Prospectus") and hereby agrees to be bound by the terms therein.
2. Transferee understands that the assignability and transferability of the shares will be governed by the Declaration of Trust of the Fund and all applicable by - laws as described in the Prospectus, and Transferee has adequate means of providing for his current needs and personal contingencies and has no need for liquidity in this investment.
3. Transferor and Transferee understand that no transfer or assignment may be made of a fractional Share and no transfer or assignment may be made if, as a result of such transfer, the Transferor (other than one transferring all of his shares) or the Transferee will own fewer less the minimum initial investment required to be purchased as stated in the Prospectus, unless such transfer is made on behalf of a Retirement Plan, or such transfer is made by gift, inheritance, intra-family transfer, family dissolution, or to Affiliates.
4. Transferee acknowledges that if Transferee participates in the Distribution Reinvestment Plan or makes subsequent purchases of shares of the Fund, including purchases made pursuant to the Automatic Investment Program, Transferee agrees that, if Transferee can no longer make the representations or warranties set forth in this Transfer and Assignment, Transferee is required to promptly notify the Fund and Transferee's Broker-Dealer in writing.
5. Transferee has reached the age of majority in his/her state of residence or Transferee has a Guardian appointed to help the minor with his or her transactions.
6. Transferee acknowledges that (a) the Fund is required by law to obtain, verify and record certain personal information from Transferee or persons on Transferee's behalf in order to establish the account, including name, date of birth, permanent residential address and social security/taxpayer identification number; (b) if Transferee does not provide the information, the Fund may not be able to open Transferee's account; (c) by signing this Transfer and Assignment, Transferee agrees to provide this information and confirm that this information is true and correct; and (d) if the Fund is unable to verify Transferee's identity, or that of another person(s) authorized to act on Transferee's behalf, or if the Fund believes it has identified potentially criminal activity, the Fund reserves the right to take action as it deems appropriate, which may include closing Transferee's account.
7. Transferee is buying the shares for his own account or for the account or benefit of a member or members of his immediate family or in a fiduciary capacity for the account of another Person or entity and not as an agent for another.
8. Transferee is aware that there is no public market for the shares, liquidity for the Fund's shares will be provided only through quarterly repurchase offers, and accordingly, an investment in the Fund is of limited liquidity.
9. If Transferee is acting in a representative capacity for a corporation, pay internship, trust, or other entity, or as agent for any person or entity, Transferee has full authority to execute this Transfer and Assignment in such capacity.
10. If Transferee is purchasing the shares transferred hereby in a fiduciary capacity, the representations and warranties shall be deemed to have been made on behalf of the person or persons for whom Transferee is so purchasing.
11. Transferor hereby constitutes the Treasurer of the Fund, as Transferor's attorney in fact to transfer the said shares on the books of the Fund to Transferee with full power of substitution. The foregoing grant of authority (a) is a special power of attorney and coupled with an interest, and is irrevocable and shall survive Transferee's death, dissolution or disability.
12. Transferee understands that (a) Transferee will not be admitted as a shareholder until a transfer has been accepted; (b) the acceptance process includes, but is not limited to, reviewing this Transfer and Assignment for completeness and signatures.



- 13. Transferee understands the meaning and legal consequences of the representations and warranties set forth above, and Transferee agrees to indemnify and hold harmless the Fund from and against any and all loss, damage, claim, expense or liability (including, without limitation, court costs and attorneys fees and expenses) due to, or arising out of, a breach of representation or warranty of Transferee contained in this Transfer and Assignment. Notwithstanding any of the representations, warranties, acknowledgments or agreements made herein by Transferee, Transferee does not thereby or in any other manner waive any rights granted to him under federal or state securities law.
- 14. Under penalties of perjury, Transferee certifies (a) that the number shown on this Transfer and Assignment is his correct taxpayer identification number, (b) that Transferee is not subject to backup withholding either because he has not been notified that he is subject to backup withholding as a result of a failure to report all interest or dividends, or because the Internal Revenue Service has notified Transferee that he is no longer subject to backup withholding under Section 3406(a)(1)(C) and (c) that Transferee is a U.S. person (including a U.S. resident alien), unless Transferee has otherwise indicated in Section 2 of the Transferee Information attached hereto.
- 15. In the case of purchases of shares by fiduciary accounts, the above representations and warranties shall be deemed to have been made by the fiduciary account or by the person who directly or indirectly supplies the funds for the purchase of shares.

Dated as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**TRANSFEROR:**

**TRANSFEE:**

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name



# TRANSFER AND ASSIGNMENT OF SHARES

<b>Transferor (or Seller's) Information</b>	<p>ACCOUNT NUMBER <span style="float: right;">NUMBER OF SHARES TO BE TRANSFERRED</span></p> <p>ACCOUNT TITLE</p> <p>SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER</p>
<b>Reason for Transfer (select one only)</b>	<p>Re-registration (name change, divorce, individual to joint, trust, etc.)</p> <p>Death, date of death: _____</p> <p>Gift</p> <p>Sale (\$ _____ per share)</p> <p>Other (provide details): _____</p> <p>Some transfers will require additional documentation</p>

**Transferor (or Seller's) Acknowledgment and Signature:**

*By executing this Form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation. The transferor(s) understands that the transfer may be made only in compliance with the Articles of Incorporation and Bylaws, as amended, of the Fund. The signature(s) on this Form must correspond with the name(s) in which the transferor(s) hold the transferred Shares.*

**All Registered Account Owners are Required to Sign and a Medallion Signature Guarantee is required. Custodial Accounts Require a Medallion Signature Guarantee or Approval from the Custodian.**

**TRANSFEROR'S SIGNATURE:**

**CO-TRANSFEROR OR CUSTODIAN'S SIGNATURE:**

  x    
 Signature Date

  x    
 Signature Date

**Medallion Signature Guarantee  
(REQUIRED)**



**TRANSFER AND ASSIGNMENT OF SHARES**

<b>Transferee (or Buyer's Information)</b>	ENTITY NAME		RECEIVING/CONTRA FIRM ACCOUNT NUMBER (IF APPLICABLE)	
	INVESTOR NAME			
	SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER		DATE OF BIRTH	
	MAILING ADDRESS			
	CITY		STATE	ZIP CODE
	STREET ADDRESS			
	CITY		STATE	ZIP CODE
	PHONE		EMAIL	
(Check one)    U.S. Citizen                  Resident Alien                  Non-resident Alien* *If non-resident alien, investor must submit the appropriate W-8 form with the proper Foreign Tax Identifying Number in order to make an investment.				
<b>Joint Party, Trustee, Custodian for Minor, Partner, Officer Information</b>	NAME			
	SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER		DATE OF BIRTH	
	MAILING ADDRESS			
	CITY		STATE	ZIP CODE
	PHONE			
<b>Ownership Type:</b>	<b>PLEASE INCLUDE SUPPORTING DOCUMENTATION FOR ALL TRUSTS, PLANS, CORPORATIONS, PARTNERSHIPS, POWER OF ATTORNEYS</b>			
	<b>NON-QUALIFIED:</b>		<b>QUALIFIED:</b>	
Individual (If TOD, attach application)		Traditional (Individual) IRA		
Joint Tenant 1 (If TOD, attach application)		Simple IRA		
UGMA/UTMA: State of: _____		SEP IRA		
Tenants in Common		ROTH		
Trust		Profit Sharing Plan		
Partnership		Pension Plan		
Corporation (select one below)		KEOGH Plan		
C-Corp (This is default option)				
S-Corp				
Non-Profit Organization				
Estate				
Other (Specify): _____				



<b>Custodian Information</b>	<p>CUSTODIAN NAME</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE</p> <p>CUSTODIAN PHONE CUSTODIAN TAX ID</p> <p>INVESTOR'S ACCOUNT NUMBER WITH CUSTODIAN</p>
<b>Dividend Options</b>	<p><b>Please note that for Qualified Plans or custodial held accounts, cash dividends can only be sent to the custodian. You must make your withdrawal election with the custodian.</b></p> <p>If you select more than one option you must indicate the percentage of your distribution to be applied to each option and the sum of the allocations must equal 100%.</p> <p>Check if you would like to participate in the Distribution Reinvestment Plan.</p> <p>Send distributions via check to investor's home address (for Qualified Plans or custodial held accounts, will only be sent to the custodian).</p> <p><b>% OF DISTRIBUTION:</b> _____</p> <p>Send distributions via check to alternate payee listed here (not available for Qualified Plans).</p> <p><b>% OF DISTRIBUTION:</b> _____</p> <p>NAME</p> <p>MAILING ADDRESS</p> <p>CITY STATE ZIP CODE</p> <p>ACCOUNT NUMBER</p> <p><b>DIRECT DEPOSIT (ATTACH VOIDED CHECK)</b> I authorize Bluerock High Income Institutional Credit Fund, or its agent to deposit my distributions in the checking or savings account identified below. This authority will remain in force until I notify Bluerock High Income Institutional Credit Fund or its agent in writing to cancel it. In the event that Bluerock High Income Institutional Credit Fund or its agent deposits funds erroneously into my account, Bluerock High Income Institutional Credit Fund or its agent is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.</p> <p>FINANCIAL INSTITUTION NAME</p> <p style="text-align: right;">Checking Savings</p> <p>ABA/ROUTING NUMBER ACCOUNT NUMBER</p>



<b>Broker-Dealer and Registered Representative Information for Transferee:</b>	BROKER-DEALER NAME		
	REPRESENTATIVE NAME	REPRESENTATIVE NUMBER	
	REPRESENTATIVE'S COMPANY NAME		
	MAILING ADDRESS		
	CITY	STATE	ZIP CODE
	PHONE	FAX	EMAIL

**Transferee's Signature and Acknowledgment:**

My/our signature(s) below hereby authorizes Bluerock High Income Institutional Credit Fund (the "Fund") to deposit distributions from my (our) interest in stock of the Fund into the account at the financial institution as indicated. I further authorize the Fund to debit this account in the event that the Fund erroneously deposits additional funds to which I am not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I withdraw funds erroneously deposited into my account before the Fund reverses such deposit, I agree that the Fund has the right to retain any future distributions that I am entitled to receive until the erroneously deposited amounts are recovered by the Fund. This authorization is to remain in full force and effect until the Fund has received written notice from me of the termination of this authorization in time to allow reasonable opportunity to act on it, or until the Fund has sent me written notice of termination of this authorization.

**SUBSTITUTE W-9: I HEREBY CERTIFY** under penalty of perjury (i) that the taxpayer identification number shown on the Transfer Agreement/Signature Page is true, correct and complete, (ii) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or distributions, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person. \*NOT APPLICABLE FOR NON-RESIDENT ALIENS.

*By executing this form, the transferee(s) represent that they have received and/or reviewed the Prospectus and the other filings made by the Fund with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Fund's Articles of Incorporation and Bylaws, as amended.*

**All Registered Account Owners are Required to Sign and a Medallion Signature Guarantee is required. Custodial Accounts Require a Medallion Signature Guarantee or Approval from the Custodian.**

**TRANSFEREE SIGNATURE:**

  X    
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**CO-TRANSFEREE OR CUSTODIAN'S SIGNATURE:**

  X    
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions regarding your account should be directed to: **844-819-8287**

**Regular Mail To:**  
**Bluerock High Income Institutional Credit Fund**  
 C/O DST Systems, Inc.,  
 PO Box 219445  
 Kansas City, MO 64121-9445

**Overnight To:**  
**Bluerock High Income Institutional Credit Fund**  
 C/O DST Systems, Inc.,  
 801 Pennsylvania Ave., Suite 219445  
 Kansas City, MO 64105-1307