

Please use this form to make account maintenance updates related to your investment in Eagle Point Institutional Income Fund.

Please fill out the sections that contain the changes you seek to make. Please contact us via email or by calling with any questions:

Telephone: 203-340-8560  
Email: [EPIIF@eaglepointcredit.com](mailto:EPIIF@eaglepointcredit.com)

Once completed, please follow the delivery instructions below:

***Standard mail***

Standard Mail:  
Eagle Point Institutional Income Fund  
Attn: SS&C GIDS, Inc. as agent for Eagle Point Institutional Income Fund P.O. Box 219225  
Kansas City, MO 64121-9225  
Telephone: 833-360-5520 Fax: 833-864-1293

***Overnight mail***

Overnight Mail:  
Eagle Point Institutional Income Fund  
Attn: SS&C GIDS, Inc. as agent for Eagle Point Institutional Income Fund  
430 W 7th Street, Suite 219225 Kansas City, MO 64105-1407  
Telephone: 833-360-5520 Fax: 833-864-1293

***Email***

[EPIIF@eaglepointcredit.com](mailto:EPIIF@eaglepointcredit.com)

**1. Investment Information**

**Apply Account Maintenance Updates to My Investment:**

\_\_\_\_\_  
Current Account Number (Custodian/Broker Account Number or Eagle Point Account Number)

\_\_\_\_\_  
Current Account Registration

**2. Account Updates**

\_\_\_\_\_  
**New Custodian/Broker Account Number**

\_\_\_\_\_  
**New Primary Address, Email Address or Phone Number** (Cannot be a P.O. box)

\_\_\_\_\_  
Street Address (city/state) (ZIP)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

**Other Account Changes**

**3. Electronic Delivery Form**

By signing below, I (we) confirm that, to the extent possible, I (we) would like to receive stockholder communications electronically (including, but not limited to, proxy materials, annual and quarterly reports, investor communications, account statements, tax forms and other required reports) and consent to stop delivery of the paper versions. I (we) acknowledge that I (we) will not receive paper copies of stockholder communications unless (i) I (we) change or revoke my (our) election at any time by notifying the Fund at the number below, (ii) my (our) consent is terminated by an invalid email address; or (iii) I (we) specifically request a paper copy of a particular stockholder communication, which I (we) have the right to do at any time.

I (we) further agree that by consenting to electronic delivery for one product, the delivery preferences for my other investment products or share classes serviced by UMB Fund Services, Inc. will also be affected and changed to electronic delivery. I (we) have provided a valid email address and if that email address changes, I (we) will send a notice of the new address by contacting Eagle Point Institutional Income Fund’s Call Center. I (we) understand that any changes to my (our) election may take up to 30 days to take effect and that I (we) have the right to request a paper copy of any electronic communication by contacting Eagle Point Institutional Income Fund’s Call Center.

The electronic delivery service is free; however, I (we) may incur certain costs, such as usage charges from an Internet service provider, printing costs, software download costs or other costs associated with access to electronic communications. I (we) understand this electronic delivery program may be changed or discontinued and that the terms of this agreement may be amended at any time. I (we) understand that there are possible risks associated with electronic delivery such as emails not transmitting, links failing to function properly and system failures of online service providers, and that there is no warranty or guarantee given concerning the transmissions of email, the availability of the website, or information on it, other than as required by law.

Signature of Investor/Trustee OR Custodian	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Email Address (please print)	
<input type="text"/>	
Signature of Joint Investor/Trustee OR Custodian	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Email Address (please print)	
<input type="text"/>	

**4. Financial Advisor or Investor Representative Updated Information**

Name of Participating Broker/Dealer or Financial Institution \_\_\_\_\_

Name of Financial Advisor(s)/Investor Representative(s) \_\_\_\_\_

Branch ID \_\_\_\_\_

Rep/Advisor Number/Team ID \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(street) (city/state) (ZIP)

Office Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**5. Investor Authorization of Updates**

Signature of Financial Advisor/Investor Representative	Date (mm/dd/yyyy)

Signature of Investor/Trustee	Date (mm/dd/yyyy)

Signature of Joint Owner (If Applicable)	Date (mm/dd/yyyy)

Signature of Custodian (If Applicable)	Date (mm/dd/yyyy)