

Please complete this form to change your distribution election for Eagle Point Institutional Income Fund. This change will be made the later of (i) 30 days after receipt or (ii) the next distribution payable date. 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**

**Change Distribution Instructions for My Investment:**

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

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

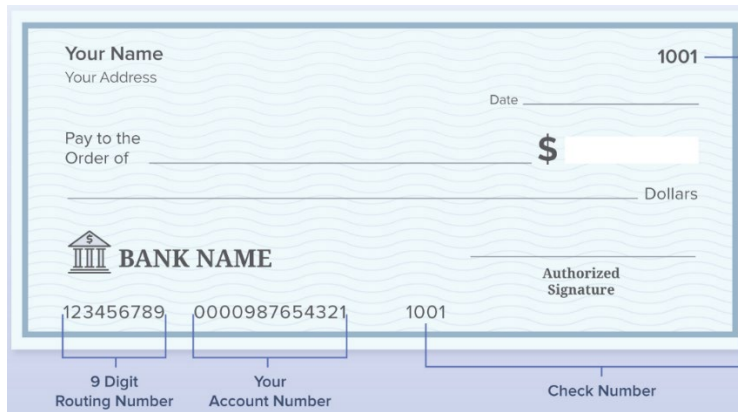
**2. Distribution Instructions Updates**

- Reinvest in Eagle Point Institutional Income Fund  
(Refer to the prospectus for terms of the Distribution Reinvestment Plan)

If you participate in the Distribution Reinvestment Plan or make subsequent purchases of shares of the Fund, and you can no longer make the representations or warranties set forth in the Investor Application, you are expected to promptly notify your broker dealer, financial advisor or investment advisor in writing of the change and to terminate your participation in the Distribution Reinvestment Plan.

- Electronic Deposit\*:  
\*Attach a voided check or instructions from your financial institution.  
(A deposit ticket does not contain the required ACH information. Wires generally reserved for brokerage and custodial accounts)

Checking    Savings    Brokerage or Custodial Account



Name of Financial Institution \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

The Fund is authorized to deposit distributions to the checking, savings or brokerage account indicated above. This authority will remain in force until the Fund is notified otherwise in writing. If the Fund erroneously deposits funds into the account, the Fund is authorized to debit the account for an amount not to exceed the amount of the erroneous deposit.

Mail a Check to (checks will not be sent to brokerage accounts):

Primary Address

Optional Address

**3. 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)