

TritonPacific

Investment Corporation

TITLE TRANSFER - TRANSFEROR

Full Name of Fund: _____

Number of Shares to be Transferred _____

TRANSFEROR (SELLER'S) INFORMATION:

Investor Number _____ Title _____

Investor Address _____

Phone # _____ Investor Tax ID _____

CUSTODIAN INFORMATION (for qualified retirement plans):

Custodian Name _____

Custodian Address _____

Phone # _____ Custodian Tax ID _____

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.

REASON FOR TRANSFER (check one):

Re-registration (name change, divorce, individual to trust, etc.)

Sale (Please include Price per Share or Unit) _____

Death

Gift

Other (please specify) _____

Transferor Signature _____ Date _____ Transferor Signature _____ Date _____

Custodian Signature for Qualified Plans _____ Date _____

PLEASE PRINT AND MAIL TO:

Triton Pacific Investment Corporation
Attention: Investor Services Department
2401 Kerner Boulevard
San Rafael, CA 94901-5569



Medallion Signature Guarantee Required

California Residents: It is unlawful to consummate a sale or transfer of limited partnership interests or any interests therein, or to receive any compensation therefore, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.

TritonPacific

Investment Corporation

TITLE TRANSFER - TRANSFEREE

Full Name of Fund: _____

Number of Shares to be Transferred _____

TRANSFEREE (BUYER'S) INFORMATION:

Investor Number _____ Title _____

Address _____ Phone # _____

_____ Tax ID _____

Check One: US Citizen Country of Residence _____

CUSTODIAN INFORMATION (if applicable):

Custodian Name _____

Custodian Address _____ Phone # _____

_____ Acct # _____

REGISTRATION TYPE (check one):

Individual Joint Tenants Tenants in Common Trust Community Property

Partnership Corporation UGMA (State _____) UTMA (State _____) IRA

Sep IRA Roth IRA Profit Sharing Plan Pension Plan

Other (specify) _____

BROKER DEALER INFORMATION:

Representative Name _____ Rep Email _____

Broker Dealer Affiliate _____

Branch Address _____ Rep Phone # _____

_____ Rep Fax # _____

DISTRIBUTION INFORMATION (For taxable accounts. Non-taxable distributions will be sent to the custodian of record):

Check One: Primary residence To my bank via ACH* Distribution Reinvestment Plan (DRIP)

Brokerage Account: Broker _____ Acct # _____

Address _____ Phone # _____

*If ACH is selected, a voided check is **required**; **NO** deposit slips.

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 Sponsor with the Securities and Exchange Commission.

Transferee Signature Date

Transferee Signature Date

Custodian Signature (if applicable) Date



Medallion Signature Guarantee Required

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