Eagle Point Enhanced Income Trust

Account Maintenance Form



Please use this form to make account maintenance updates related to your investment in Eagle Point Enhanced Income Trust

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: 203-900-5822

Email: EIT@eaglepointcredit.com

Once completed, please follow the delivery instructions below:

Standard mail

☐ Standard Mail:

Eagle Point Enhanced Income Trust

Attn: SS&C GIDS, Inc. as agent for Eagle Point Enhanced Income Trust P.O. Box 219373

Kansas City, MO 64121-9373

Telephone: 833-360-5520 Fax: 833-864-1287

Overnight mail

☐ Overnight Mail:

Eagle Point Enhanced Income Trust

Attn: SS&C GIDS, Inc. as agent for Eagle Point Enhanced Income Trust

430 W 7th Street, Suite 219373 Kansas City, MO 64105-1407

Telephone: 833-360-5520 Fax: 833-864-1287

Email

EIT@eaglepointcredit.com

1. Investment Information

Apply Account Maintenance Updates to My Investment:				
Current Account Number (Custodian/Broker Account Number or Eagle Point Account Numb	er)			
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				

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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 SS&C GIDS, 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 Enhanced Income Trust'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)
Email Address (please print)	
Signature of Joint Investor/Trustee OR Custodian	Date (mm/dd/yyyy)
Email Address (please print)	

Eagle Point Enhanced Income Trust

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	ial Advisor or Investor Representative Updated Information		
	articipating Broker/Dealer or Financial Institution		
	inancial Advisor(s)/Investor Representative(s)		
Branch ID			
Rep/Adviso	or Number/Team ID		
Mailing Ac	ldress (street)	(city/state)	(ZIP)
Office Tele		(()
Cell Phone			
-			
Fax			
Email Add	ress		
5. Investo	or Authorization of Updates		
	Signature of Financial Advisor/Investor Representative	Date (mm/dd/yyyy)	
	Signature of Investor/Trustee	Date (mm/dd/yyyy)	
	Signature of Investor/Trustee	Date (mm/dd/yyyy)	
	Signature of Investor/Trustee	Date (mm/dd/yyyy)	
	Signature of Investor/Trustee Signature of Joint Owner (If Applicable)	Date (mm/dd/yyyy) Date (mm/dd/yyyy)	
	Signature of Joint Owner (If Applicable)	Date (mm/dd/yyyy)	