

Please use this form to transfer your interests or change owners related to your investment in Eagle Point Enhanced Income Trust  
Please contact us via email or by calling with any questions:

Telephone: 203-900-5822  
Email: [EIT@eaglepointcredit.com](mailto: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](mailto:EIT@eaglepointcredit.com)

**1. Investment Information**

**Transfer My Investment:**

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

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

**2. Transferor / Current Owner Account Information**

**Section A: Individual and Joint Registrations (includes IRA and Minor Accounts)**

\_\_\_\_\_  
Investor's/Minor's SSN Date of Birth

\_\_\_\_\_  
Investor's/Minor's Name (first, middle, last)

\_\_\_\_\_  
Joint Investor's/Responsible Person SSN Date of Birth

\_\_\_\_\_  
Joint Investor's/Responsible Person Name (first, middle, last)

\_\_\_\_\_  
Account Name if Multiple Owners or Minor

**Section B: Revocable or Grantor Trust**

Tax Identification Number \_\_\_\_\_ Date of Trust \_\_\_\_\_

Trust Title \_\_\_\_\_

Trustee \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Additional Trustee (if applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Section C: Entity including Statutory Trust**

Tax Identification Number \_\_\_\_\_

Entity Name \_\_\_\_\_

Symbol and Exchange: If not publicly traded, please complete the Certification of Beneficial Ownership (request from B/D or EIT contact)

**PRIMARY ADDRESS** (Cannot be a P.O. box)

Street Address \_\_\_\_\_

(You must include a permanent street address even if your mailing address is a P.O. Box) \_\_\_\_\_ (city/state) \_\_\_\_\_ (ZIP) \_\_\_\_\_

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

Phone \_\_\_\_\_

**3. Shares to Transfer and Reason for Transfer**

☐ Transfer all shares

☐ Partial transfer; transfer \_\_\_\_\_ shares to Transferee

*Reason for Transfer:* \_\_\_\_\_

- ☐ Re-registration (change of custodian or ownership information)
- ☐ Inheritance
- ☐ Other (please specify): \_\_\_\_\_

Relationship to Transferee: \_\_\_\_\_

#### 4. Transferor Signatures

Signature of Transferor (Investor/Trustee)

Date (mm/dd/yyyy)

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--

Signature of Joint Transferor (Joint Investor/Trustee)

Date (mm/dd/yyyy)

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Transferor (Investor/Trustee) Medallion Signature Guarantee Stamp

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Joint Transferor (Joint Invest/Trustee) Medallion Signature Guarantee Stamp

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#### 5. Form of Ownership (select one)

##### **NON-QUALIFIED ACCOUNT**

###### **SINGLE OWNER**

- ☐ Individual
- ☐ Individual with **Transfer on Death\***  
\*Requires Transfer on Death form that can be found at  
[www.eopenhanced.com](http://www.eopenhanced.com), upon request by emailing  
[EIT@eaglepointcredit.com](mailto:EIT@eaglepointcredit.com)

###### **MULTIPLE OWNERS**

- ☐ Joint Tenants with Right of Survivorship
- ☐ Joint Tenants with **Transfer on Death\***

##### **QUALIFIED PLAN ACCOUNT**

- ☐ Traditional IRA
- ☐ ROTH IRA
- ☐ SEP/IRA
- ☐ Rollover IRA
- ☐ Beneficial IRA\*  
\*Beneficial IRA Decedent Name  
\_\_\_\_\_

##### **OTHER ACCOUNT**

- ☐ C Corporation

\*Requires Transfer on Death form that can be found at  
<https://www.eenhanced.com> upon request by emailing  
EIT@eaglepointcredit.com

- ☐ Community Property  
☐ Tenants in Common

**TRUST**

- ☐ Taxable Trust

**MINOR ACCOUNT**

- ☐ Uniform Gift to Minors Act  
State of \_\_\_\_\_
- ☐ Uniform Transfers to Minors  
State of \_\_\_\_\_

- ☐ Pension Plan  
☐ S Corporation  
☐ Profit Sharing Plan  
☐ Non-Profit Organization  
☐ Disregarded Entity  
☐ Partnership  
☐ LLC (select one below)  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Other \_\_\_\_\_

*If entity investor, please fill out section  
3 with beneficial owner information.*

**6. Investor Information**

**Section A: Individual and Joint Registrations (includes IRA and Minor Accounts)**

Investor's/Minor's SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Investor's/Minor's Name (first, middle, last) \_\_\_\_\_

Joint Investor's/Responsible Person SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Investor's/Responsible Person Name (first, middle, last) \_\_\_\_\_

Account Name if Multiple Owners or Minor \_\_\_\_\_

**Section B: Revocable or Grantor Trust**

Tax Identification Number \_\_\_\_\_ Date of Trust \_\_\_\_\_

Trust Title \_\_\_\_\_

Trustee \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Additional Trustee (if applicable)

Social Security Number

Date of Birth

**Section C: Entity including Statutory Trust**

Tax Identification Number

Entity Name

Symbol and Exchange: If not publicly traded, please complete the Certification of Beneficial Ownership (request from B/D or EIT contact)

**PRIMARY ADDRESS** (Cannot be a P.O. box)

Street Address

(You must include a permanent street address even if your mailing address is a P.O. Box)

(city/state)

(ZIP)

Email Address

Phone

**OPTIONAL MAILING ADDRESS**

P.O. Box

Street Address

(city/state)

(ZIP)

**CITIZENSHIP (select one)**

☐ U.S. Citizen

☐ Resident Alien

(country)

☐ U.S. Citizen Residing Outside USA

(country)

Join Owner Citizenship (select one if applicable)

☐ U.S. Citizen

☐ Resident Alien

(country)

☐ U.S. Citizen Residing Outside USA

(country)

**Non-U.S. investors must submit the appropriate IRS Form W-8.**

**7. Custodian Information (required for IRA accounts)**

Custodian Name

Tax ID Number

Custodian/Brokerage Acct. Number

Street Address

(city/state)

(ZIP)

**8. Distribution Instructions** (select one of the following three options)

☐ Reinvest in Eagle Point Enhanced Income Trust

(Refer to the prospectus for terms of the Distribution Reinvestment Plan)

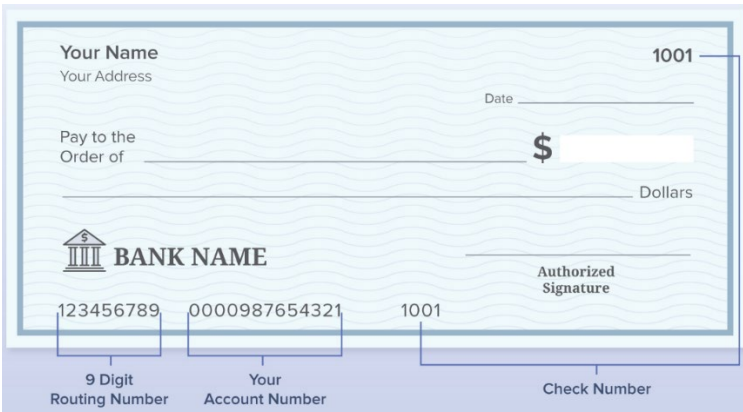
If you participate in the Distribution Reinvestment Plan or make subsequent purchases of shares of the Fund, and you can no longer make the representations or warranties set forth in the Investor Application, you are expected to promptly notify your broker dealer, financial advisor or investment advisor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



The diagram shows a voided check with various fields labeled for identification. At the top left are 'Your Name' and 'Your Address'. To the right is a 'Date' field. Below these is the 'Pay to the Order of' field, followed by a dollar sign '\$' and a blank space for the amount, and then 'Dollars'. In the center is the 'BANK NAME' with a bank icon. To the right is the 'Authorized Signature' field. At the bottom, three numbers are shown: '123456789' (labeled '9 Digit Routing Number'), '0000987654321' (labeled 'Your Account Number'), and '1001' (labeled 'Check Number').

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

**9. Electronic Delivery Form** (optional)

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 Enhanced Income Trust'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)

#### 10. Financial Advisor or Investor Representative Information

The financial advisor or investor representative (each, an "Investor Representative") signing below hereby warrants that he/she is duly licensed and may lawfully sell shares in the state designated as the investor's legal residence or is exempt from such licensing.

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 \_\_\_\_\_

## 11. Transferor Signatures

By signing below, the Transferee hereby represents and warrants to the Adviser and the Transferor that:

- The Agreement has been duly authorized, executed and delivered by the Transferee and, upon acceptance by the Adviser, will constitute the valid and legally binding agreement of the Investor enforceable in accordance with its terms against the Transferee;
- the Transferee has full power and authority to execute and deliver this Agreement;
- the execution and delivery of this Agreement will not violate any applicable law, or the terms of any agreement, contract, or other instrument by which the Transferee is bound;
- the Transferee is acquiring the Assigned Interests for the Transferee's own account for investment purposes only and not with a view to resale or distribution;
- there are no judgments, orders, decrees, injunctions, or suits existing, pending or, to the best of the Transferee's knowledge, threatened that prevent the execution or consummation of this Agreement by the Transferee; and
- no agent, finder or broker, acting on behalf of or under the authority of the Transferee, is or will be entitled to any broker's or finder's fee or any other similar commission or fee in connection with the transactions contemplated hereby. The Transferee hereby agrees that it will indemnify and save harmless the Transferor from and against any and all loss, liability, damage, cost, or expense (including reasonable attorneys' fees) incurred by the Transferor arising out of or resulting from: (i) the inaccuracy or incorrectness of any representation or warranty made by the Transferee to the Transferor in this Agreement or (ii) the failure of the Transferee to duly perform any covenant or agreement to be performed under this Agreement. The Transferee understands that: (A) the Assigned Interests have not been registered under the Securities Act, the securities laws of any state of the United States or the securities laws of any other jurisdiction, nor is such registration immediately contemplated by the Fund; and (B) the assignability and transferability of the Assigned Interests shall be governed by that certain Investor Application, dated the date hereof, between the Transferee and the Fund relating to the Assigned Interests (the "Transferee Investor Application"), which imposes substantial restrictions on transfer of the Assigned Interests. The Transferee understands and agrees that it hereby assumes all duties, liabilities, and obligations of an Investor (as defined in the Transferee Investor Application) with respect to the Assigned Interests, as provided in the Transferee Investor Application, and the Transferee hereby accepts the terms of, and agrees that its ownership of the Assigned Interests shall be bound by, the Transferee Investor Application from and after the date hereof.

The Transferee declares that the information supplied herein, including the representations and warranties set forth above is true and correct and may be relied upon by the Fund and that all Transferees acting in a representative capacity for a corporation, partnership, trust or other entity has full authority to execute this Agreement in such capacity.

Signature of Transferee (Investor/Trustee)

Date (mm/dd/yyyy)

Signature of Joint Transferee (Joint Investor/Trustee)

Date (mm/dd/yyyy)