Future Standard®

Transfer/Re-registration request

RETURN TO

Future Standard c/o SS&C GIDS, Inc. P.O. Box 219095 Kansas City, MO 64121-9095 **OVERNIGHT DELIVERY**

Future Standard c/o SS&C GIDS, Inc. 801 Pennsylvania Ave., Suite 219095 Kansas City, MO 64105 SERVICE TEAM

Toll-free 877-628-8575

Processing time is approximately 3-5 business days upon receipt of this form in good order by SS&C GIDS, Inc.

Instructions

Important Information:

- Use this form to transfer shares to a new or existing Future Standard account or to update your Future Standard account registration. If you wish to sell or redeem shares, please contact us at 877-628-8575 for further instructions.
- Please type or print clearly
- A medallion signature guarantee is required when submitting this form.
- If custodian authorization is required in sections 12 or 13, send the completed and signed form to the custodian for authorization.
- For transfers due to death, the signature of an authorized person, executor, or beneficiary is required in section 12.

SECTION 1

Existing account registration. This section is used to locate the existing account, which will be transferred or re-registered.

SECTION 2

Reason for transfer or re-registration. Indicate reason for transfer or re-registration. For reason of death/inheritance, please include legible photocopy of applicable death certificate(s).

SECTION 3

Amount to transfer. Indicate the fund and amount (all shares, specific number of shares, or percentage) to transfer.

SECTION 4

Change of cost basis method of computation. Complete if you would like the cost basis method of computation updated on the new account.

SECTION 5

Transfer instructions. If account is changing ownership to a new investor, account type, custodian, or Social Security number or tax ID number and the new account owner does not have an established FS account number, please select "Transfer to a new FS account." This is the most commonly selected option.

If the shares are transferring to an account holder with an existing FS account number, select "Transfer to an existing FS account" and provide the FS account number, registration, and SSN/TIN for the existing account. If selecting "Transfer to an existing FS account," sections 6–11 are not required.

SECTION 6

Ownership. Select the registration type of the new account. Additional supporting documentation is required for trust, partnerships, entities, and certain retirement plans.

SECTION 7

Custodial/Brokerage account information. If the new account will be in a custodial or brokerage account, provide custodian's information and the account number with the custodian. Custodian authorization is required in section 13.

SECTION 8

New account registration. Complete section A or section B. The information in this section is required as part of the USA PATRIOT Act.

SECTION 9

Change of distribution instructions. Indicate the option and/or payment method for distributions of the new account. If left blank, the default options and payment methods are described in section 9.

SECTION 10

Electronic communications. Initial and provide email address if you wish to enroll in paperless e-delivery for the new account. You will be sent an email and will be required to register for and log in to DST FanWeb to opt-in to future email notifications.

SECTION 11

Financial representative information. Indicate the financial firm and/or advisor for the new account. If left blank, there will be no firm or advisor on the new account.

SECTION 12

Authorization and signature(s) of current owner(s) or authorized person(s). The signature of existing account owner(s) or authorized person(s) is required. For transfers due to death, the signature of an authorized person, executor, or beneficiary is required in section 12. A medallion signature guarantee is required in section 12. For custodial or brokerage accounts being transferred or re-registered, custodian authorization is required in section 12. Original medallion signature guarantees are required.

SECTION 13

Authorization and signature(s) of new owner(s) or authorized person(s). The signature of the new account owner(s) or authorized person(s) is required. If a custodian is indicated for the new account in section 7, custodian authorization is required in section 13. If the account being transferred is a TOD account with multiple beneficiaries, a signature guarantee is required for the signature(s) of the new account owner(s) in section 13.



Transfer/Re-registration request

BDCs, REITs and FSCO Funds only. V1.1

Individual owner(s) Trust/Corp/Partnership/Other FS account number (if known) 2 Reason for transfer or re-registration Select only one Transfer or re-registration for reason other than death (divorce/separation, transfer to a trust, change of ownership, etc.) Sale of shares (cost per share: \$) If no consideration was paid, please insert \$0.00 as the cost per share. Death/inheritance Legiste photocopy of death certificate is required. (The signature of an authorized person, executor, or beneficiary is required in section 12. For existing transfer on death (TOD) accounts transferring to multiple beneficiaries, a signature guarantee is required in section 13.) 3 Armount to transfer NOTE: For partial transfers, please indicate either an exact number of shares or a percentage. FUND NAME	1 Existing account registration				
2 Reason for transfer or re-registration Select only one Transfer or re-registration for reason other than death (divorce/separation, transfer to a trust, change of ownership, etc.) Sale of shares (cost per share: \$) If no consideration was paid, please insert \$0.00 as the cost per share. Death/inheritance Legible photocopy of death certificate is required. (The signature of an authorized person, executor, or beneficiary is required in section 12. For existing transfer on death (TOD) accounts transferring to multiple beneficiaries, a signature guarantee is required in section 12. For existing transfers, please indicate either an exact number of shares or a percentage. NOTE: For partial transfers, please indicate either an exact number of shares or a percentage. FUND NAME	Individual owner(s)	SSN/T	Tax ID(s)		
2 Reason for transfer or re-registration Select only one Transfer or re-registration for reason other than death (dworce/separation, transfer to a trust, change of ownership, etc.) Sale of shares (cost per share: \$) If no consideration was paid, please insert \$0.00 as the cost per share. Death/inheritance Legible photocopy of death certificate is required. (The signature of an authorized person, executor, or beneficiary is required in section 12. For existing transfer on death (TOD) accounts transferring to multiple beneficiaries, a signature guarantee is required in section 13.) 3 Amount to transfer NOTE: For partial transfers, please indicate either an exact number of shares or a percentage. FUND NAME	Trust/Corp/Partnership/Other	SSN/T	Tax ID		
□ Transfer or re-registration for reason other than death (divorce/separation, transfer to a trust, change of ownership, etc.) Sale of shares (cost per share: \$	FS account number (if known)				
Sale of shares (cost per share: \$	2 Reason for transfer or re-registration Select of	nly one			
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AMOUNT to transfers, please indicate either an exact number of shares or a percentage. FUND NAME ALL SHARES NUMBER OF SHARES PERCENTAGE FS KKR Capital Corp.* FS Specialty Lending Fund FS Credit Opportunities Corp.* Class D D T D S D D M M FS Credit Opportunities Corp. (FSK) and FS Credit Opportunities Corp. (FSCO) positions: transfer requests are applicable to registered stockholders only. 4 Change of cost basis method of computation (optional) Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to first in, first out CFIFO). You should consult your tax professional before making this election. Check only one option below. First in, first out Last in, first out Average cost Specific share identification Transfer to a new FS account Please complete sections 6-13.	Sale of shares (cost per share: \$) If no consider	eration was paid, please insert \$0.	00 as the cost per share.		
NOTE: For partial transfers, please indicate either an exact number of shares or a percentage. FUND NAME ALL SHARES NUMBER OF SHARES PERCENTAGE FS KKR Capital Corp.* OR FS Specialty Lending Fund OR FS Credit Opportunities Corp.* Class D D T S D D M OR *FOR FS KKR Capital Corp. (FSK) and FS Credit Opportunities Corp. (FSCO) positions: transfer requests are applicable to registered stockholders only. 4 Change of cost basis method of computation (optional) Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to first in, first out (FIFO). You should consult your tax professional before making this election. Check only one option below. First in, first out Last in, first out Average cost Specific share identification Transfer to a new FS account Please complete sections 6-13.		-	The state of the s	•	
FUND NAME FS KKR Capital Corp.* OR	3 Amount to transfer				
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FS Specialty Lending Fund	FUND NAME	ALL SHARES	NUMBER OF SHARES	PERCENTAG	ЭE
FS Credit Opportunities Corp.*	FS KKR Capital Corp.*		OR	OR	%
FS Credit Real Estate Income Trust, Inc. Class D D T DS DI M DR OR *For FS KKR Capital Corp. (FSK) and FS Credit Opportunities Corp. (FSCO) positions: transfer requests are applicable to registered stockholders only. 4 Change of cost basis method of computation (optional) Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to first in, first out (FIFO). You should consult your tax professional before making this election. Check only one option below. First in, first out Dast in, first out Average cost Specific share identification 5 Transfer instructions Select only one Transfer to a new FS account Please complete sections 6-13.	FS Specialty Lending Fund		OR	OR	%
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*For FS KKR Capital Corp. (FSK) and FS Credit Opportunities Corp. (FSCO) positions: transfer requests are applicable to registered stockholders only. 4 Change of cost basis method of computation (optional) Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to first in, first out (FIFO). You should consult your tax professional before making this election. Check only one option below. First in, first out Last in, first out Average cost Specific share identification 5 Transfer instructions Select only one Transfer to a new FS account Please complete sections 6-13.	FS Credit Real Estate Income Trust, Inc.				
4 Change of cost basis method of computation (optional) Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to first in, first out (FIFO). You should consult your tax professional before making this election. Check only one option below. First in, first out Last in, first out Average cost Specific share identification 5 Transfer instructions Select only one Transfer to a new FS account Please complete sections 6-13.	Class D T S I M		OR	OR	%
Please indicate the cost basis method you would like to apply to your account. If you do not select a method, your account will default to first in, first out (FIFO). You should consult your tax professional before making this election. Check only one option below. First in, first out Last in, first out Average cost Specific share identification Transfer instructions Select only one Transfer to a new FS account Please complete sections 6-13.	*For FS KKR Capital Corp. (FSK) and FS Credit Opportunities Corp. (FSCO) posit	ions: transfer requests are applica	ble to registered stockholders o	nly.	
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5 Transfer instructions Select only one Transfer to a new FS account Please complete sections 6-13.	default to first in, first out (FIFO). You should consult your tax	•		our account will	
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	5 Transfer instructions Select only one				
☐ Transfer to an existing FS account Please skip sections 6-11 and proceed to sections 12-13.	☐ Transfer to a new FS account Please complete sections 6-13.				
	☐ Transfer to an existing FS account Please skip sections 6-11 and p	proceed to sections 12–13.			
FS account number	FS account number				
Account holder/registration SSN/Tax ID	Account holder/registration		SSN/Tax ID		

	p Select only one	Please complete section 8A			
		Custodian required in secti	on 7.		
Please complete s		Custodian authorization red QUALIFIED PLAN A	•	Please complete section 8B. OTHER ACCOUNT**	
☐ Individual		☐ Traditional IRA	CCOONT		
☐ Individual		☐ Roth IRA		☐ Qualified pension☐ Corporation: S-Corp	
MULTIPLE O	WNERS	☐ Rollover IRA		☐ Corporation: G-Corp	
☐ Communit	ty property	☐ SIMPLE IRA		☐ Profit-sharing plan	
☐ Tenants in	common	☐ SEP IRA		☐ Keogh	
□ Joint tenar	nts with rights of	☐ Beneficial IRA		☐ Partnership	
survivorsh	ip (JTWROS)*	☐ Other		☐ 401(k)	
☐ UGMA/UTI		(please specify)	☐ Estate	
Name of m	ninor's custodian (required)			☐ Trust†	
☐ Other				☐ Non-profit	
	se specify)			LLC	
-	fer on death (TOD) designation, comple	te a TOD form. TOD forms can	be found on www future	_	
**Additional supp †Trusts require e	orting documentation required (e.g. co	rporate resolution, adoption a	greement, etc.).	tee Certification of Investment Powers F	Form, which can be
7 New custo	odial/Brokerage accou	ı nt information (if	applicable)		
Name of cust	odian		Custodian phone #	#	
Mailing addre	ess				
	(street)			(city, state)	(ZIP)
To be comple	eted by custodian (custodian a	uthorization required	n section 13)		
Custodian tax	k ID #		Custodian accoun	nt #	
o N					
8 New acco	ount registration Please	complete A or B			
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C	CITIZENSHIP U.S. citizen Resident alien	CITIZENSHIP	☐ U.S. citizen	☐ Resident alien _	
	(country) Non-resident alien (form W-8BEN is required) (country)		☐ Non-resident (form W-8BEN is require		(country)
9 1	New distribution instructions				
F f ii I	section 8 or to the custodian indicated in section 7, as applicable. For FS KKR Capital FSK and/or FSCO will reinvest cash distributions pursuant to the fund's distribution form (each, a "Company") may be funded from offering proceeds or borrowings, whinvestment. Any capital returned to stockholders through distributions will be made PLEASE SELECT ONE OF THE FOLLOWING OPTIONS/PAYN Distribution reinvestment plan* I (We) choose to participate in the distribution reinvestment plan I (We) choose to participate in the distribution reinvestment plan I FS companies (except FS KKR Capital Corp. and FS Credit Opportunities Corp.) company's distribution reinvestment plan notify the applicable company and the change in their financial condition, including to meet the minimum income and/or "FS Specialty Lending Fund distribution reinvestment plan was terminated. Election Reumans by choose or placetropic domesit."	reinvestment plan. I acich may constitute a re after payment of fees IENT METHODS lan(s) of the comprequire that each invest designated broker-deanet worth standards se	knowledge that distributurn of capital and redu and expenses, as well as: : : : : : : : : : : : : : : : : : : :	utions by any company in the the amount of capital is any sales load. If in section 3, the indicate in the theorem is a company's prospectus.	cluded on this available to the
ı	Payment by check or electronic deposit I (We) choose NOT to participate in the distribution reinvestme the payment method selected below. If no payment method is				
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inancial rep	resentative ir	nformati	i on If not comple	eted, there will b	e no advisor on t	he accoun	nt
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mail address				Fax #			
For transfers due to Only one medallion Signatures must I Financial Industry guarantee must be seal. A medallion The Transferor(s) Company, its boasuch transfer. The any of their respense	death, the signature signature guarantee be guaranteed by a Regulatory Author e in the form of a signature guarant acknowledges his rd of directors/true Transferor(s) has ctive affiliates.	of an author is required for a bank, say or ity that is stamp or a see is accept or her agrees, or a received r	current owner ized person, executor or Transferor's signaturing association, control and its pewritten or har ptable in place of a reement to the transing of their respection representations.	or beneficiary is rec gree. If shares are held credit union, mem tor institution. A n adwritten guarante signature guarante sfer of shares. The ve affiliates shall lor warranties from	ber firm of a dome otary public is not ee that is accompatee. Transferor(s) further responsible for a	odian authoriz stic stock ex an acceptal nied by a rai ner agrees th any loss incu board of dir	schange or the ole guarantor. The ised corporate nat none of the urred as a result of ectors/trustees or
Signature of Tran	steror or authorize	ed person	Date (mm/dd/yyyy)	Signature of joint	transferor or author	ized person	Date (mm/dd/yyyy)
Medallion signa	ture guarantee (Re	equired)		Custodian autho	orization (Required f	or transfers o	f custodial accounts

ORIGINAL MEDALLION SIGNATURE GUARANTEES ARE REQUIRED.

13 Authorization and signature(s) of new owner(s) or authorized person(s)

Substitute IRS Form W-9 Certification:

I declare that the information supplied in this Transfer Form is true and correct and may be relied upon by the Company in connection with my investment in the Company. Under penalties of perjury, each investor signing below certifies that (1) the number shown in the investor Social Security number/taxpayer identification number field in section 8 of this Transfer Form is my correct Social Security number or taxpayer identification number, as applicable (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. person (including a non-resident alien); and (4) the entity is exempt from FATCA reporting (if applicable). NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

The Company is required by law to obtain, verify and record certain personal information from the Transferee(s) or persons on the Transferee's behalf in order to establish the Transferee's account. Required information includes the Transferee's name, date of birth, permanent residential address and Social Security number/taxpayer identification number. The Company may also ask the Transferee(s) to provide other identifying documents. If the Transferee(s) does not provide the requested information, the Company may not be able to open the Transferee's account. The Transferee(s) agrees to provide this information and confirm that this information is true and correct. By signing this Transfer Form, the Transferee(s) further agrees that the Company may discuss the Transferee's personal information and the Transferee's investment in the Shares at any time with the Transferee's then-current financial advisor. If the Company is unable to verify the Transferee's identity, or that of another person(s) authorized to act on the Transferee's behalf, or if the Company believes that it has identified potentially criminal activity, the Company reserves the right to take action as it deems appropriate, which may include closing the Transferee's account.

MY SIGNATURE(S) BELOW INDICATES I HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I acknowledge that the information and distributions made and/or sent prior to the date that this Transfer Form becomes effective (generally up to 30 days after receipt of this properly completed Transfer Form) will be made in the manner previously provided for and arranged. This Transfer Form supersedes all prior instructions regarding the subject matter hereof.

The IRS does not require your consent to any provision of this Transfer Form other than the certifications required to avoid backup withholding.

Signature of Transferee or authorized person	Date (mm/dd/yyyy)	Signature of joint transferee or authorized person	Date (mm/dd/yyyy)
Custodian authorization		Signature guarantee*	
(Required for transfers of custodial accounts)		(Required for TOD accounts transferring to multiple	beneficiaries only)

ORIGINAL MEDALLION SIGNATURE GUARANTEES ARE REQUIRED.

Return to: Future Standard c/o SS&C GIDS, Inc. • P.O. Box 219095 • Kansas City, MO • 64121-9095

Overnight delivery: Future Standard c/o SS&C GIDS, Inc. • 801 Pennsylvania Ave • Suite 219095 • Kansas City, MO • 64105-1307 Toll-free 877-628-8575

^{*}For existing TOD accounts with multiple beneficiaries claiming shares, by signing you are acknowledging there are no known disputes as to the persons entitled to a distribution under the non-probate transfer or the amounts to be distributed to each beneficiary, and no known claims affecting the distribution requested. For TOD accounts with multiple beneficiaries, a signature guarantee is required for the signature(s) of the new owner(s).