

PRIORITY INCOME FUND, INC. APPLICATION

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION,
PLEASE CALL INVESTOR SERVICES AT 866.655.3650

(1) INVESTMENT	<p style="text-align: center;">Please make all checks* payable to: "Priority Income Fund, Inc."</p> <p><small>*Cash, cashier's checks/official bank checks under \$10,000, foreign checks, money orders, third party checks, or traveler's checks are not accepted</small></p> <p style="text-align: center;">INVESTMENT AMOUNT: \$ _____ <small>The minimum investment is \$1,000 - All additional investments must be for at least \$500.00</small></p> <p style="text-align: center;">Share Class <i>Please select one of the following</i></p> <p> <input type="checkbox"/> Class R Shares <small>Purchased through a Broker Dealer</small> <input type="checkbox"/> Class RIA Shares <small>Purchased through an RIA</small> <input type="checkbox"/> Class I Shares <small>Purchased through an Institutional agreement</small> </p> <p><input type="checkbox"/> Waiver of Commission. Please check this box if you are eligible for a waiver of commission. Waivers of commissions are available to: purchases through an affiliated investment advisor, participating Broker-Dealer or its retirement plan, or for a representative of a participating Broker-Dealer or his or her retirement plan or family members(s).</p>
(2) NON-CUSTODIAL OWNERSHIP	<p> <input type="checkbox"/> Individual <input type="checkbox"/> Trust <small>Include title and signature pages</small> </p> <p> <input type="checkbox"/> Joint Tenant: _____ <small>Type of Joint Tenancy</small> <small>Joint accounts will be registered as joint tenants with rights of survivorship unless otherwise indicated</small> </p> <p> <input type="checkbox"/> Corporation (specify below) <input type="checkbox"/> Pension or Profit Sharing Plan <input type="checkbox"/> Partnership </p> <p> <input type="checkbox"/> S-Corp <small>Include Plan Documents</small> </p> <p> <input type="checkbox"/> C-Corp </p> <p> <input type="checkbox"/> Uniform Gift/Transfer to Minors (UGMA/UTMA) <small>Under the UGMA/UTMA of the State of _____</small> </p> <p> <input type="checkbox"/> Other: _____ <small>Specify</small> </p>
(3) CUSTODIAL OWNERSHIP <small>Send all paperwork directly to the custodian</small>	<p> <input type="checkbox"/> IRA: _____ <input type="checkbox"/> Pension or Profit-Sharing Plan <input type="checkbox"/> Other: _____ <small>Type of IRA (Traditional, Roth, or SEP)</small> <small>Specify</small> </p> <p> Custodian Name: _____ Custodian Tax ID: _____ Street/P.O. Box: : _____ City, State, Zip: : _____ Custodial Account #: _____ Custodian Telephone #: _____ </p>
(4) INVESTOR INFORMATION REQUIRED	<p>Please print name(s) in which shares are to be registered.</p> <p> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien <small>Country or Origin: _____</small> <small>Country or Origin: _____</small> </p> <p> Owner/Trust/Entity Name: _____ Tax ID/SS#: _____ Date of Birth: _____ Jt. Owner/ Trustee Name: _____ Tax ID/SS#: _____ Date of Birth: _____ Street Address (required): _____ City: _____ State: _____ Zip Code: _____ If Non-U.S., Specify Country: _____ Daytime Phone: _____ Mailing Address (optional): _____ City: _____ State: _____ Zip Code: _____ If Non-U.S., Specify Country: _____ Daytime Phone: _____ E-mail Address: _____ </p>

(9)
MAILING
INSTRUCTIONS

Please make your check payable to **Priority Income Fund, Inc.**, and, along with the completed Subscription Application, such check will be mailed or delivered by the selected Broker-Dealer or Registered Investment Advisor to:

Via Mail:
Priority Income Fund, Inc.
c/o Shareholder Services
P.O. Box 219768
Kansas City, MO 64121-9768
866-655-3650

Via Express/Overnight Delivery:
Priority Income Fund, Inc.
c/o Shareholder Services
430 West 7th Street
Kansas City, MO 64105-1407
866-655-3650

ACH/Wire Instructions: **Bank:** UMB Bank, N.A., for Priority Income Fund, Inc.
ABA #:101000695, **Account #:** 9871691551

