OXFORD PARK INCOME FUND, INC.		AC	COUNT U	PDATE FORM
		Complete this f	form and return to add	dress below.
PLEASE CHECK ALL OXFORD PARK INCOME FUND INVESTMENTS THAT APPLY: Acct #:		Regular Mail:	U.S. BANK GLOBA Attn: Oxford Park In P.O. Box 701 Milwaukee, WI 5320	ncome Fund, Inc
 Oxford Park Income Fund A Share Oxford Park Income Fund C Share Oxford Park Income Fund I Share 		Overnight Address:	U.S. BANK GLOBA Attn: Oxford Park In 615 East Michigan S Milwaukee, WI 5320	LFUND SERVICES ncome Fund, Inc st.; 3rd Floor
		Fax: (Fax only acce	XXX-XXX-XXXX epted on non-custod	ial accounts)
INSTRUCTIONS Please complete all applicable sections de	lepending upon your a	account change	s). Check all boxes that	apply.
CHANGE OF ADDRESS	F REPRESENTAT EALER (Sections 1,	IVE OR		TION INSTRUCTIONS
1.) CURRENT ACCOUNT OWNER INFOR ACCOUNT NAME(S)	RMATION			
TELEPHONE NUMBER REGIST	TERED OWNER'S	SSN		
	— — — –	-		
U.S. Citizen Resident Alien Non-I f non-resident alien, investor must submit the appropriate W-8 form (W Please indicate whether the change of address pertains to the: Mailing Address ADDRESS CITY CITY NEW HOME TELEPHONE NUMBER DEVENUMBER NEW HOME TELEPHONE NUMBER NEW E-MAIL ADDRESS	Resident Alien V-8BEN, W-8ECI, W8 NEW BUSINESS		STATE 2	ZIP CODE
3.) CHANGE OF REPRESENTATIVE OR If the account owner chooses to change from one registered representative to and dealer. If the account owner chooses to transfer account(s) to a different broker-de registered representative on the account may <u>not</u> sign as the authorized principal from the custodian is required in section 5. NEW FIRM NAME	other within the same bro ealer, all registered acco	oker-dealer, a signation	authorized principal from the	he new broker-dealer must sign. The
NEW REGISTERED REPRESENTATIVE		FIELD REPRE	SENTATIVE NUMBE	R
BRANCH ADDRESS		L		
CITY			STATE	
	SIGNATURE BY IZED PRINCIPAL REQUIRED			

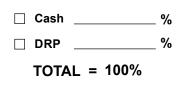
OXFORD PARK

INCOME FUND, INC.

ACCOUNT UPDATE FORM

4.) DISTRIBUTION INSTRUCTION

Investor Services must be in receipt of this form 30 days prior to declaration of the distribution. This authorization will supersede any previous distribution instructions.



PLEASE CHECK ALL THAT APPLY:	 Direct Deposit is not available for investments made through brokerage or custodial held accounts.
Elect Direct Deposit/Change Banking Information	When initiating Direct Deposit, you are required to submit either a voided
☐ Discontinue Direct Deposit	check or letter from the designated financial institution which verifies the direct deposit instructions.
Elect Distribution Reinvestment Plan	By electing to have my distributions reinvested in the Distribution
□ Discontinue Distribution Reinvestment Plan	Reinvestment Plan, I agree that I have read the Prospectus and have reviewed the Distribution Reinvestment Plan for the investment
Mail Distribution Checks to Address of Record	designated above.
☐ Mail Distribution Checks to Financial Institution	 If you participate in the Distribution Reinvestment Plan we request that you notify the above referenced investment(s) and your broker-dealer in writing at any time there is a material change in your financial condition, including failure to meet the minimum income and net worth standards as set forth in the prospectus of the above referenced investment(s). Changes to custodial accounts require a Medallion Guarantee stamp or appropriate authorization from the custodian.
FINANCIAL INSTITUTION INFORMATION	
NAME OF FINANCIAL INSTITUTION	
ACCOUNT NUMBER	

ACCOUNT NUMBER														
MAILING ADDRESS														
CITY							ST	ATE			ZIF	P CC	DE	

DIRECT DEPOSIT INFORMATION

The above referenced investment(s) is (are) authorized to deposit my (our) distribution directly into the account specified on this form. The authority will remain in force until I (we) have given written notice that I (we) have terminated it, or until the above referenced investment(s) has (have) notified me (us) that this deposit service has been terminated. In the event that the above referenced investment(s) deposit(s) funds erroneously into my (our) account, it is (they are) authorized to debit my (our) account for an amount not to exceed the amount of the erroneous deposit.

One:	 Checking Account (voided check REQUIRED) Savings Account
	9-DIGIT ROUTING/ABA NUMBER (see example)

5.) SIGNATURES

All Registered Account Owners are Required to Sign

ACCOUNT OWNER SIGNATURE

х

Select

Any Bank Any Street, Anytown fol: (001) 555-5555	LAYOUT MAY VARY
MEMO	

CUSTODIAL ACCOUNTS REQUIRE A MEDALLION GUARANTEE STAMP OR APPROVAL FROM THE CUSTODIAN

JOINT ACCOUNT OWNER OR AUTHORIZED SIGNATURE OF CUSTODIAN

l v

Questions regarding your account should be directed to: 877-458-3589 | Alternativefundsupport@usbank.com

DATE

DATE