

**PLEASE CHECK ALL OXFORD PARK INCOME
FUND INVESTMENTS THAT APPLY:**

- Acct #: _____
- Oxford Park Income Fund A Share _____
- Oxford Park Income Fund C Share _____
- Oxford Park Income Fund I Share _____

Complete this form and return to address below.

Regular Mail: U.S. BANK GLOBALFUND SERVICES
Attn: Oxford Park Income Fund, Inc
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Address: U.S. BANK GLOBALFUND SERVICES
Attn: Oxford Park Income Fund, Inc
615 East Michigan St.; 3rd Floor
Milwaukee, WI 53202

Fax: XXX-XXX-XXXX
(Fax only accepted on non-custodial accounts)

INSTRUCTIONS Please complete all applicable sections depending upon your account change(s). Check all boxes that apply.

- CHANGE OF ADDRESS** (Sections 1, 2 & 5) **CHANGE OF REPRESENTATIVE OR BROKER-DEALER** (Sections 1, 3 & 5) **DISTRIBUTION INSTRUCTIONS** (Sections 1, 4 & 5)

1.) CURRENT ACCOUNT OWNER INFORMATION

ACCOUNT NAME(S)

TELEPHONE NUMBER

 - - - - -

REGISTERED OWNER'S SSN

 - - - - -

2.) CHANGE OF ADDRESS

If you are providing an address outside of the U.S., please complete the following by indicating citizenship status (REQUIRED):

- U.S. Citizen Resident Alien Non-Resident Alien

If non-resident alien, investor must submit the appropriate W-8 form (W-8BEN, W-8ECI, W8EXP OR W8IMY).

Please indicate whether the change of address pertains to the:

- Mailing Address or Alternate Address

ADDRESS

CITY

STATE

 -

ZIP CODE

 - - - -

NEW HOME TELEPHONE NUMBER

 - - - - -

NEW BUSINESS TELEPHONE NUMBER

 - - - - -

NEW E-MAIL ADDRESS

3.) CHANGE OF REPRESENTATIVE OR BROKER-DEALER

If the account owner chooses to change from one registered representative to another within the same broker-dealer, a signature is only required from an authorized principal of the broker-dealer. If the account owner chooses to transfer account(s) to a different broker-dealer, all registered account owners and an authorized principal from the new broker-dealer must sign. The registered representative on the account may **not** sign as the authorized principal for the broker-dealer. For custodial accounts, a Medallion Guarantee stamp or appropriate authorization from the custodian is required in section 5.

NEW FIRM NAME

NEW REGISTERED REPRESENTATIVE

FIELD REPRESENTATIVE NUMBER

BRANCH ADDRESS

CITY

STATE

 -

ZIP CODE

 - - - -

TELEPHONE NUMBER

 - - - - -

FAX NUMBER

 - - - - -

SIGNATURE BY
AUTHORIZED PRINCIPAL
REQUIRED

