



ADDITIONAL INVESTMENT FORM
Sound Point Alternative Income Fund

Regular Mail Delivery

Sound Point Alternative Income Fund
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

Sound Point Alternative Income Fund
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212

Fax: 816-860-3137

Email: ipp.fundfax.fax@umb.com (Emails sent to this automated inbox are auto encrypted. The email box is not monitored; any documents sent with additional encryption.)

*If this is your IRA account, please indicate applicable tax year: _____

Yes No This is an IRA rollover

By Check: Enclose a check payable to Sound Point Alternative Income Fund

By Wire: Send wire to the wire instructions below.

UMB Bank n.a.
928 Grand Boulevard
Kansas City MO 64121
ABA: 101000695
Account: 9872748441
For Credit to: Sound Point Alternative Income Fund
Further Credit to: Investor Name and Account Number

The undersigned, an existing shareholder of the Sound Point Alternative Income Fund (“the Fund”), hereby wished to make an additional investment to the Fund. The amount to be contributed is indicated below. The undersigned hereby acknowledges and agrees that such Additional Investment, if accepted by the fund, will be governed by the terms and conditions contained in the original application, previously executed by the undersigned and accepted by the Fund, as the same may be updated or modified from time to time. The undersigned hereby represents and warrants that all representations and warranties made by the undersigned in the Application are true and correct in all material respects as if the undersigned made such representations and warranties. If there should be any change in facts or circumstances as a result of which the undersigned would no longer be able to make such representation or warranty, the undersigned will promptly notify the fund in writing of such change. All investors must sign.

Shareholder Name Account Number

Amount of Additional Investment

Signature of Owner, Trustee or Custodian Date

Printed Name of Authorized Signer Date

Signature of Joint Owner, Trustee or Custodian (if applicable) Date

Custodian Stamp BIN