

ACCOUNT UPDATE FORM

Effective Date of Change: _____

This form may be used by any current investor in **Sierra Income Corporation** to update the investor's mailing address, delivery election, distribution method or financial representative information.

Please select all that apply and complete the sections indicated:

- Change of Address (Sections 1,2 & 6)
- Electronic Delivery Election (Sections 1,3 & 6)
- Distribution Change (Sections 1,4 & 6)
- Broker-Dealer/Representative (Sections 1,5 & 6)

1. Investor Information- SSN or TIN Required

Investor #1 Name: _____ SSN/Tax ID: _____
(Last/First/Middle)

Investor #2 Name: _____ SSN/Tax ID: _____
(Last/First/Middle)

Account Number: _____

2. New Mailing Address

Enter the mailing address and telephone numbers of the registered owner(s) of the investment. Partnerships, corporations and other organizations should include the name of an individual to whom correspondence should be addressed.

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ Phone (evening): _____

E-mail Address: _____

If you currently have distributions sent to your home address or you elect to have distributions sent to your home address in Section 4 below, then by submitting this form, you authorize the distributions sent on or after the later of the date we process this form or the effective date set forth above to be sent to the new mailing address provided. To make changes to your distribution payments, please complete Section 4.

3. Electronic Delivery Election

Check this box if you would like to receive your investor correspondence electronically.

By checking this box, Sierra Income Corporation may either (a) e-mail your investor communications directly or (b) make investor communications available on its web site at www.medleycapital.com and notify you via e-mail when such documents are available. Documents may be delivered or posted in HTML format or as a PDF file. If you elect this option, you will need Adobe Acrobat Reader software to view the documents in PDF format. You can download the latest version of Adobe Acrobat Reader free from the Adobe Reader Download page at <http://get.adobe.com/reader>. The investor communications that may be delivered electronically include annual reports of transactions with affiliates, acquisition and other information updates, proxy statements and annual reports, and all other investor communications and documents that may be delivered to investors electronically, including any documents required to be delivered to investors under federal and state securities laws.

You must provide a valid e-mail address if you select this option.

3. Electronic Delivery Election (continued)

Sierra Income Corporation may choose to send one or more items to you in paper form despite your consent to electronic delivery. Your consent will be effective until you revoke it by contacting **Sierra Income Corporation, P.O. BOX 219731, Kansas City, MO 64121-9731 or 888.292.3178**. You may also request a paper copy of any particular investor document.

By electing electronic delivery, you understand that you may incur certain costs associated with spending time online and downloading and printing investor documentations. Electronic delivery also involves risks related to system or network outages that could impair your timely receipt of or access to investor documents.

Check this box if you are currently enrolled in electronic delivery and no longer wish to receive your investor correspondence electronically.

Please note that revoking your consent applies to all documents and not to a portion of the deliverable documents.

4. Distribution Information (Choose one or more of the following options)

Complete this section to enroll in the Distribution Reinvestment Plan, to elect to receive distributions by direct deposit and/or to elect to receive distributions by check. If you elect direct deposit, you must attach a voided check with the completed form (unless you currently have a portion of your distributions directly deposited into the same account and you are only changing the allocation amount). You can choose to have all or a portion of your distributions reinvested through the Distribution Reinvestment Plan. You must indicate the percentage of your distribution to be applied to each option selected and the sum of the allocations **must** equal 100%. IRA accounts may not direct distributions without the custodian's approval.

Please note: If you elect to participate in the Distribution Reinvestment Plan, you must agree that if at any time you fail to meet the applicable investor suitability standards or cannot make the other investor representations or warranties set forth in the Company's prospectus (as supplemented) or the subscription agreement relating to such investment, you will promptly notify Sierra Income Corporation in writing of that fact.

If this is your initial election to participate in the Distribution Reinvestment Plan, then by signing below you represent to Sierra Income Corporation that (a) you have received a copy of the Company's prospectus (as supplemented) and (b) you have (i) a minimum net worth (exclusive of home, home furnishings, and personal automobiles) of at least \$250,000 or (ii) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000, **and if applicable**, you meet the higher net worth and gross income requirements imposed by your state of primary residence as set forth in the current prospectus (as supplemented) under "Investor Suitability Standards".

If you select more than one option you must indicate the percentage of your distribution to be applied to each option and the sum of the allocations **must** equal 100%.

	% of Distribution
<input type="checkbox"/> I prefer to participate in the Distribution Reinvestment Plan, as described in the Company's prospectus (as supplemented)	_____
<input type="checkbox"/> Send distributions via check to my home address (in the case of Qualified Plans, send to custodian on record)	_____
<input type="checkbox"/> Send distributions via check to the alternate payee listed here (not available for qualified plans without custodian's approval)	_____
<input type="checkbox"/> Alternative Payee:	

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Direct Deposit (Attach Voided Check) I authorize Sierra Income Corporation or its agent to deposit my distributions in the checking or savings account identified below. This authority will remain in force until I notify Sierra Income Corporation in writing to cancel it. In the event that Sierra Income Corporation deposits funds erroneously into my account, Sierra Income Corporation is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Financial Institution Name: _____ % of Distribution _____

ABA/Routing Number: _____ Account Number: _____ Checking Savings

5. New Broker-Dealer and/or Registered Representative Information

Broker-Dealer Name: _____

Advisor Number: _____

Representative's Name: _____

Representative's Address: _____

Representative's City: _____ State: _____ Zip Code: _____

Representative's Phone: _____ Representative's Fax Number: _____

Representative's E-mail Address: _____

6. Authorized Signature(s) of Investor

Must be signed by all titleholders

I/ we acknowledge that information and distributions sent or paid prior to the later of the effective date we process this form will be made in the manner previously provided. This instruction supersedes all prior instructions regarding the subject matter hereof.

Signature of Investor

Date

Signature of Joint Investor or,
for Qualified Plans, of Trustee/Custodian

Date

You may not purchase additional shares of Sierra Income Corporation unless you meet the applicable suitability requirements set forth in the Company's prospectus (as supplemented) at the time of purchase. Please consult your financial representative if you have had any material changes which might affect your ability to meet the applicable suitability requirements.

Once complete, send to:

Regular Mail

Investment Processing Department
c/o DST Systems, Inc.

P.O. Box 219731

Kansas City, MO 64121-9731

Investors: 888.292.3178

Financial Advisors: 877.907.1148

Overnight Mail

Investment Processing Department
c/o DST Systems, Inc.

430 W. 7th Street

Kansas City, MO 64105

Investors: 888.292.3178

Financial Advisors: 877.907.1148