



APPLICATION FOR TRANSFER OF TERRA INCOME FUND 6

Send to:
Terra Income Fund 6, Inc.
c/o DST Systems
PO Box 219686
Kansas City, MO 64121-9686
Fax: (855) 247-7429

ISSUE BEING TRANSFERRED: \_\_\_\_\_

NUMBER OF UNITS TO BE TRANSFERRED: \_\_\_\_\_

Transferor (or Seller's) Information:

TERRA INCOME FUND 6, INC. SHARES are currently registered as follows:

Shareholder Number: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

IRS Tax Identification Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

By executing this Form, the transferor(s) hereby certifies and represents possession of valid title and all requisite power to assign such interests and represents and warrants that the transfer effected hereby is made in accordance with all applicable federal and state securities law and regulation. The transferor(s) understands that the transfer may be made only in compliance with the Articles of Incorporation and bylaws, as amended, of the Company. The signature(s) on this Form must correspond with the name(s) in which the transferor(s) hold the transferred shares.

Reason for Transfer (check one): For certain types of transfer, additional documentation may be required

- Re-registration (name change, divorce/separation, individual to trust, etc.)
Sale
Death
Gift
Other (Please specify)

Signature Execution:

Transferor's Signature Date Co-Transferor's Signature Date

Place Medallion Guarantee Stamp here

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ALL SIGNATURES MUST BE GUARENTEED BY A MEMBER OF AN APPROVED MEDALLION SIGNATURE GUARENTEE PROGRAM

California Residents: It is unlawful to consummate a sale or transfer of limited partnership interests or any interests therein, or to receive any compensation therefore, without the prior written consent of the Commissioner of Corporations of the State of California, except as permitted by the Commissioner's rules.



TERRA INCOME FUND 6

APPLICATION FOR TRANSFER OF TERRA INCOME FUND 6 (part 2)

NUMBER OF SHARES TO BE TRANSFERRED: \_\_\_\_\_

Transferee (or Buyer's) Information:

Title: \_\_\_\_\_

For Qualified Plans (IRA's ect.) Only:

Custodian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Custodian Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Custodian City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Custodian Telephone: \_\_\_\_\_

Check one:

Investor's Custodial Account Number: \_\_\_\_\_

\_\_\_\_ U.S Citizen / Country of Residence:

Custodian's Tax ID Number: \_\_\_\_\_

Investor's SSN: \_\_\_\_\_

Registration Type (circle one): (For certain types of transfers, additional documentation may be required)

Individual – Joint Tenants in Common – Trust – Community Property – Partnership – Corporation – UGMA (State: \_\_\_) – UTMA (State: \_\_\_) – IRA – Sep IRA – Roth IRA – Profit Sharing Plan – Pension Plan – Other (Specify: \_\_\_\_\_)

Broker Dealer Information

Name of Financial Advisor:

Distribution: Taxable investor\* instructions for distributions (i.e. , Send checks to home bank, or other financial institution, or invest in program (if allowed). If ACH is requested – enclose a copy of a voided check.)

Broker-Dealer Firm:

Send to: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Financial Advisor's City, State, Zip:

Account #: \_\_\_\_\_

Financial Advisor's Telephone:

\*Non-taxable distributions will be sent to the Custodian of record

By executing this Form, the transferee(s) represent that they have received and/or reviewed the Prospectus and other filings made by the Company with the Securities and Exchange Commission. The transferee(s) accept and agree to be bound by the terms and conditions of the Company's Articles of Incorporation and Bylaws, as amended.

Transferee's Signature

Date

Co-Transferee's Signature

Date

(Or Custodian's Signature for Qualified Plans)

Place Medallion Signature Guarantee Stamp here

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TERRA INCOME FUND 6, INC.

550 Fifth Avenue, 6th Floor, New York, NY 10036