



DISBURSEMENT CHANGE AUTHORIZATION

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

Account Name: _____

Account Number: _____

Please use this form as your authorization until further notice to change my disbursement from

_____ to:

- Enroll in the Distribution Reinvestment Plan
- Send distributions via check to my home address (not available for qualified plans)
- Send distributions via check to alternate payee listed here (not available for qualified plans without custodial approval):

Name: _____ Address: _____

Account #: _____ City, State, Zip: _____

- Direct Deposit I authorize Terra Income Fund 6 or its agent to deposit my distributions to the checking or savings account identified below. The authority will remain in force until I notify Terra in writing to cancel it. In the event that Terra deposits funds erroneously into my account, Terra is authorized to debit my account for an amount not to exceed the amount of erroneous deposit.

Financial Institution Name: _____

ABA/Routing Number: _____

Account #: _____
(Please attach a voided check)

Signature: _____ Signature: _____
(This is a Joint account, both parties must sign)

Printed Name(s): _____

(Internal Authorized Signature)