



TRANSFER ON DEATH REGISTRATION FORM

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

NAME OF FUND: Terra Income Fund 6

DST Systems, Inc. Transfer Agent for Terra Income Fund 6, reserves the right to allow the following rules to apply to a TOD registration:

A TOD may only be held on individual or Joint Tenants with Right of Survivorship (JTWROS) registrations (not on an estate, trust, IRA, etc.)

The TOD beneficiary must be an individual or entity and cannot be the JTWROS person.
The TOD beneficiary must be named on this form; "spouse" or "children" is not an acceptable designation.
If you wish to have more than one beneficiary, the total investment amount will be divided into separate investments for each beneficiary designated upon your death.

1. CURRENT INVESTOR INFORMATION (Please print name(s) in which shares are registered.)

Name: _____ SSN/TIN: _____ - _____ - _____
(include Mr., Mrs., Dr., Etc.)

Name: _____ SSN/TIN: _____ - _____ - _____
(include Mr., Mrs., Dr., Etc.)

Street Address: _____ Account Number _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Business Phone No: _____

Birth Date: ___/___/_____

2. TRANSFER ON DEATH DESIGNATION

By signing below, I/we request that my/our investment be registered in "transfer on death" form, and designate the following beneficiary as the one whom the investment shall pass after I am/we are deceased:
(Add more lines if necessary)

Name of Beneficiary: _____ Birth Date: ___/___/_____

SSN/TIN: _____ - _____ - _____ Percentage of account: _____%

Name of Beneficiary: _____ Birth Date: ___/___/_____

SSN/TIN: _____ - _____ - _____ Percentage of account: _____%



TERRA INCOME FUND 6

By signing below, I/we also make the following warranties, representation and agreements:

1. You are not required to re-register the investment in name of the beneficiary unless you have received such documents as you may require to establish that I/we are both deceased.
2. You are not responsible for determining the tax consequences of the decision to register this investment to requested above.
3. I/we agree to hold harmless, indemnify, and defend DST and Terra Income Fund 6 and your agents for any claim, loss or liability resulting from (a) breach of any warranty or representation in this agreement and (b) any action you take in connection with the registration, any re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary, made as requested or authorized under this agreement.
4. If this Agreement is established under joint tenants with rights of survivorship account status, upon death of one of the owners, ownership shall pass to the surviving joint owner, and you may follow the instructions of the survivor with regard to the investment, including, without limitation, instructions to (a) terminate transfer on death registration, or (b) change owner to the beneficiary.
5. You will not accept any changes to this agreement unless received in writing prior to the final account holder's death.
6. You have not provided any legal advice to me, and I agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my state, and its effects on my estate and tax planning.

3. AUTHORIZED SIGNATURE(S) (Please note all signatures must be medallion guaranteed unless this form is to be submitted with the original subscription document)

Current holder's signature

Date: _____

Joint Unit holder's signature

Date: _____