

Investor Change Form

All pages must be completed for instructions to be acceptable and valid. Sections 1 and 9 must be completed for all requested changes.

Please contact your custodian for the following changes on qualified accounts:

- Change of custodian for a qualified account, such as an IRA.
- Change of distribution destination, such as a custodian account number change.

Instructions

This form may be used to make the following changes:

Section 2: Change or correction of address of record

Section 3: Add an alternate address where duplicate tax and/or distribution statements may be sent

Section 4: Change the Cost Basis method of computation for covered shares

Section 5: Change Distribution instructions for non-qualified accounts

Change of Distributions for qualified accounts such as an IRA, please contact your custodian (except to terminate DRP)

Participate/terminate participation in the Distribution Reinvestment Plan (qualified and non-qualified accounts)

Distributions for qualified and brokerage accounts will be sent to the custodian

Section 6: Add or change a Power of Attorney

Add or change Trustee for a Trust or Perpetual Entity (e.g. Corporation, Pension or Profit Sharing Plan) **Note:** Only if the Trust name and/or SSN/Tax ID# are *not* changing; **must be signed by investor(s)**

Change name due to divorce or marriage; must be signed by investor(s)

Section 7: Change Financial Advisor; must be signed by investor(s)

Section 8: Consent for Electronic Delivery

Forms required to make the following changes: (may be accessed at www.cioninvestments.com)

Change of Ownership or Change of SSN/Tax ID#: Transfer forms for applicable product(s)

Beneficiary Designation: Transfer on Death form (Individual and Joint Tenant WROS accounts only)

Please complete this form and mail or fax to:

For CION Ares Diversified Credit Fund

REGULAR MAIL: OVERNIGHT DELIVERY: FAX:

430 W 7th St

CION Ares Management, LLC c/o DST Systems Inc.

PO BOX 219422

Kansas City, MO 64121-9422 Kansas City, MO 64105

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For CION Investment Corporation

REGULAR MAIL: OVERNIGHT DELIVERY: FAX:

CION Investment Group, LLC c/o DST Systems Inc. CION Investment Group, LLC c/o DST Systems Inc. (877) 379-5936

CION Ares Management, LLC c/o DST Systems Inc.

PO BOX 219476 430 W 7th St

Kansas City, MO 64121-9476 Kansas City, MO 64105

For CION Grosvenor Infrastructure Fund

REGULAR MAIL: OVERNIGHT DELIVERY: FAX:

CION Grosvenor Infrastructure Fund c/o SS & C

CION Grosvenor Infrastructure Fund c/o SS & C

(833) 864-2092

PO Box 219984 801 Pennsylvania Avenue, Suite 219984 Kansas City, MO 64121-9984 Kansas City, MO 64105-1308

Should you have any questions, please call Investor Relations at (888) 729–4266.

(844) 643-0426





Section 1: Registration Name(s) on Account

Required For All Changes					
Investor Name/Trustee			SSN/Tax ID#		
Co-Investor Name/Trustee (if applicable)			SSN/Tax ID#		
Check if changes for multip	ole SSN/Tax ID#				
Section 2: Address of F	Record Change				
Mailing Address					
City			State	Zip	
Phone #	Fax	Email			
Section 3: Alternate Ad	dress				
Mail a duplicate of all state	ments to the alternate address indicated below				
Name					
Mailing Address					
City			State	Zip	
Phone Number	 Fax		Email		



Section 4: Cost Basis Method of Computation

ABA Routing Number	Account Number		
Name of Financial Institution			
Complete for electronic deposit of distributions. Electronically deposit* distributions to the account indicated below: Checking Savings			
City	State	Z	ip .
Mailing Address			
FB0	Account Number	Account Number	
Name of Financial Institution			
Participate in Distribution Reinvestment Plan (If already a member/partner of the fun Terminate participation in the Distribution Reinvestment Plan (Must meet minimum re Mail check to the address of record (Cash distributions for custodial and brokerage a Mail check to Brokerage Account or Other (Complete following section)	equirement to terminate if a		
Section 5: Change of Distribution Instructions			
Select one: First-in, First-out (FIFO) Last-in, First-out (LIFO)	Average Cost	Specific Share Id	dentification (SSI)
The issuer has elected the first-in, first-out (FIFO) method as the default for cathe gain or loss on the sale as well as the cost basis for the shares as defined	•		method will determine

DST Systems, Inc. or its named agent (hereinafter referred to as "DST") is authorized to deposit my/our distributions directly into the account specified on this form. The authority will remain in force until I/we have given written notice that I/we have terminated it, or until DST has notified me/us that this deposit service has been terminated. In the event that DST deposits funds erroneously into my/our account, it is authorized to debit my/our account for an amount not to exceed the amount of the erroneous deposit.



Signature

Section 6: Change of Power of Attorney/Trustee/Name

Important Notice: Copy of Power of A Decree, Court Order or Death Certification			on, Copy of Marriage Certificate, Divorce		
Please remember to make changes to	Address, Distribution Instructions	or Financial Advisor, if applicable),		
Add or Change Power of Attorney to:					
Add or Change Trustee Name to; must be s	igned by investor(s):				
Change Name to; must be signed by inves	tor(s):				
Section 7: Change of Financial <i>i</i>	Advisor or Investor Represent	ative			
Must be authorized by signature of	the investor(s). Please remember t	o make changes to Distributions	, Section 5 if applicable.		
New Broker-Dealer or Financial Institution N	ame				
New Financial Advisor/Investor Representative Name(s)		Advisor Number/Team	Advisor Number/Team ID#		
Mailing Address					
City		State	Zip		
Phone Number	Fax	Email			
Section 8: Consent for Electroni	c Delivery				
to be delivered to me, as well as any i documents not uploaded are made re	nvestment or marketing updates, a eadily available on the website will le a valid e-mail address, and such	nd to notify me via e-mail when a be e-mailed to the address iden	cioninvestments.com documents required such reports or updates are available. Any tified below. (Any investor who elects this or notifying the Company in writing should		
The email address for receipt of notifi	cations as outlined above is:				
Please print e-mail address clearly					

Date





Section 9: Required Signatures

Sections 6 and 7 must be authorized with the signature of the Investor(s) and/or Custodian. Select One. We authorize information to be changed on all investments recorded under the above-referenced SSN/Tax ID# ☐ I/we authorize information to be changed on only the following: registration, ownership type and/or product name Please check the applicable CION Investments fund(s): ☐ CION Ares Diversified Credit Fund ☐ CION Investment Corporation ☐ CION Grosvenor Infrastructure Fund Financial Advisor/Investor Representative signature indicates representation that he/she is authorized to make changes on behalf of the investor(s). Required Signatures – All Investors or Authorized Representative(s) Signature of Investor/Trustee Date Signature of Co-Investor/Trustee - OR - Custodian Date Signature of Financial Advisor/Investor Representative Date Medallion Signature Guarantee Stamp is required only when the custodian is signing on behalf of the Investor/Trustee.