

Transfer and Assignment of Shares

For value received, the undersigned _____ (“Transferor”), does hereby transfer and assign to _____ (“Transferee”), _____ shares of beneficial interest/common stock (the “Shares”) of one or both companies (the “Company”) indicated below (select all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> CION Grosvenor Infrastructure Fund
<input type="checkbox"/> Class S <input type="checkbox"/> Class U-2 <input type="checkbox"/> Class I
<input type="checkbox"/> Class D <input type="checkbox"/> Class U | <input type="checkbox"/> CION Ares Diversified Credit Fund
<input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class I
<input type="checkbox"/> Class L <input type="checkbox"/> Class U <input type="checkbox"/> Class W | |
| <input type="checkbox"/> CION Investment Corporation | | |

1. Transfer From the Following Account (to be completed by Transferor)

 CION Account # _____ Social Security # or Tax ID _____

 Name(s) on the Account

Reason for Transfer:

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Re-Registration
(name change, divorce, etc.) | <input type="checkbox"/> Sale
Cost per Share _____ | <input type="checkbox"/> Death
Date of Death _____ | <input type="checkbox"/> Gift
Date of Gift _____ | <input type="checkbox"/> Other
Please specify _____ |
|--|---|---|---|--|

If the transfer is due to a death, please enclose a copy of the death certificate. If there is an executor of the estate, please enclose a copy of the Letters of Administration or court appointment of the executor dated within 90 days of the submission of this transfer form. If the transfer is due to a divorce, please enclose a copy of the divorce decree.

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 affected hereby is made in accordance with all applicable federal and state securities laws and regulations. The transferor(s) understands that the transfer may be made only in compliance with the governing organizational documents of the Company. The signature(s) on this Form must correspond with the Name(s) in which the transferor(s) hold the transferred Shares.

2. Transfer To the Following Account (Complete only if Transferee desires to hold shares in an existing account)

 CION Account # _____ Social Security # or Tax ID _____

 Name(s) on the Account

TRANSFEE TO COMPLETE SECTIONS 3 THROUGH 7 IF TRANSFEE IS ESTABLISHING A NEW ACCOUNT

3. Ownership By Transferee (Select only one)

- | | |
|---|--|
| <input type="checkbox"/> Individual* (one signature)
<input type="checkbox"/> Community Property (all parties must sign)
<input type="checkbox"/> Qualified Pension (include Plan Documents)
<input type="checkbox"/> Corporation (include Corporate Resolution; authorized signature)
<input type="checkbox"/> Joint Tenants with Rights of Survivorship (all parties must sign)
<input type="checkbox"/> Tenants in Common (all parties must sign) | <input type="checkbox"/> Profit Sharing Plan (include Plan Documents)
<input type="checkbox"/> Partnership (include Partnership Agreement; authorized signature)
<input type="checkbox"/> UGMA: State of _____ (custodian signature required)
<input type="checkbox"/> UTMA: State of _____ (custodian signature required)
<input type="checkbox"/> Trust (include title and signature page)
<input type="checkbox"/> Other (specify and include title and signature pages) |
|---|--|

FOR QUALIFIED PLANS ONLY

- Custodial Arrangement (owner and custodian signature required)
- IRA
 Roth IRA
 Rollover IRA
 SEP
 KEOGH
 Other _____

Custodian Information (to be completed by custodian above)

Name of Custodian	Custodian Tax ID #	Custodian Account #	Custodian Phone #
Mailing Address		City	State Zip

* Please complete and return a Transfer on Death form if Transferee wishes to make a transfer on death designation. Transferee can request a Transfer on Death form by contacting the Company at (800) 343-3736.

4. Transferee Information (Please print)

Individual Owner/Beneficial Owner (first, middle, last)	Social Security # or Tax ID	Daytime Phone #
Date of Birth (mm/dd/yyyy)	Country of Citizenship	Email Address
Address <small>(You must include a permanent street address even if your mailing address is a P.O. Box)</small>	City	State Zip
Joint Owner/Beneficial Owner/Minor (first, middle, last)	Social Security # or Tax ID	Daytime Phone #
Date of Birth (mm/dd/yyyy)	Country of Citizenship	Email Address
Address <small>(You must include a permanent street address even if your mailing address is a P.O. Box)</small>	City	State Zip



4. Transferee Information (Continued)

Trust Information

Name of Trust		Date of Trust (mm/dd/yyyy)	
Address	City	State	Zip
(You must include a permanent street address even if your mailing address is a P.O. Box)			
Trustee(s)		Tax ID	
Beneficial Owner(s)	Social Security #	Date of Birth (mm/dd/yyyy)	Occupation
Beneficial Owner(s) Address	City	State	Zip

Corporation/Partnership/Other

Entity Name		Date of Entity Formation (mm/dd/yyyy)	
Address	City	State	Zip
(You must include a permanent street address even if your mailing address is a P.O. Box)			
Entity Type	If corporation: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp		Tax ID
Officer(s), General Partner or Authorized Person(s)			

Broker-Dealer Information

Name of Financial Advisor	Financial Advisor Number		
Broker-Dealer Firm			
Address			
City	State	Zip	

5. Distribution Election By Transferee (IRA accounts may not direct distributions without the custodian's approval)

Transferee hereby elects the distribution option indicated below:

- Transferee chooses to participate in the Company's Distribution Reinvestment Plan.*
- Transferee chooses to have distributions deposited in a checking, savings, IRA, brokerage account or sent to the custodian for the benefit of the Transferee.**
- Transferee chooses to have distributions mailed to Transferee at the address listed in Section 4.
- Transferee chooses to have distributions mailed to Transferee at the following address:

Mailing Address	City	State	Zip
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* Transferee warrants that they meet the suitability requirements imposed by the state in which Transferee resides.
 ** Complete the information below.

Transferee authorizes the Company or its agent to deposit the Transferee's distribution to the account indicated below. This authority will remain in force until Transferee notifies the Company in writing to cancel it. In the event that the Company deposits funds erroneously into the Transferee's account, the Company is authorized to debit the Transferee's account for the amount of the erroneous deposit. Transferee also hereby acknowledges that funds and/or Shares in the Transferee's account may be subject to applicable abandoned property, escheat or similar laws and may be transferred to the appropriate governmental authority in accordance with such laws, including as a result of account inactivity for the period of time specified in such laws or otherwise. None of the Company, its affiliates, its agents or any other person shall be liable for any property delivered in good faith to a governmental authority pursuant to applicable abandoned property, escheat or similar laws. Transferee acknowledges that distributions may be funded from offering proceeds or borrowings, which may constitute a return of capital and reduce the amount of capital available to the Company for investment. Any capital returned to stockholders through distributions will be distributed after payment of fees and expenses.

Name of Financial Institution	Account Type
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Mailing Address	City	State	Zip
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ABA Routing Number	Account Number
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Transferee – Individual/Trustee/Beneficial Owner (signature)	Transferee – Joint Owner/Co-Trustee (signature)
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6. Electronic Delivery of Documents (Transferee will not receive paper mailings)

- In lieu of receiving documents by mail, Transferee authorizes the Company to make available on its website at www.cioninvestments.com documents required to be delivered to Transferee, as well as any investment or marketing updates, and to notify Transferee via e-mail when such documents are available. (Any investor who elects this option must provide an e-mail address below and ensure that the Company has a current e-mail address for as long as he or she owns Shares.)

Email Address:	Initials
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7. Important Information (Rights, Certifications, Authorizations)

Substitute IRS Form W-9 Certification:

Transferee declares that the information supplied in this Transfer and Assignment of Shares is true and correct and may be relied upon by the Company in connection with Transferee's investment in the Company. Under penalties of perjury, each Transferee signing below certifies that (1) the number shown in the Investor Social Security Number/Taxpayer Identification Number field in Section 4 of this form is Transferee's correct taxpayer identification number (or Transferee is waiting for a number to be issued to Transferee), and (2) Transferee is not subject to backup withholding because (a) Transferee is exempt from backup withholding, or (b) Transferee has not been notified by the Internal Revenue Service (IRS) that Transferee is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified Transferee that Transferee is no longer subject to backup withholding, and (3) Transferee is a U.S. person (including a non-resident alien). **NOTE: Transferee must cross out Section (2) above if Transferee has been notified by the IRS that Transferee is currently subject to backup withholding because Transferee has failed to report all interest and dividends on Transferee's tax return.**

The Internal Revenue Service does not require Transferee's consent to any provision of this document other than the certifications required to avoid backup withholding.

The Company is required by law to obtain, verify and record certain personal information from Transferee or persons on Transferee's behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and Social Security/taxpayer identification number. The Company may also ask to see other identifying documents. If Transferee does not provide the information, the Company may not be able to open Transferee's account. Transferee agrees to provide this information and confirm that this information is true and correct. Transferee further agrees that the Company may discuss Transferee's personal information and Transferee's investment in the Shares at any time with Transferee's then current financial adviser. If the Company is unable to verify Transferee's identity, or that of another person(s) authorized to act on Transferee's behalf, or if the Company believes the Company has identified potentially criminal activity, the Company reserves the right to take action as the Company deems appropriate, which may include closing Transferee's account.

8. Authorization and Signature of Transferor (All Signatures Must Be Medallion Signature Guaranteed)

Signature of Current Investor	Date	Signature of Current Co-Investor or Custodian (if applicable)	Date	

Signature(s) Guaranteed

Name of Eligible Guarantor Institution	Signature of Authorized Person

Medallion Stamp Guarantee

9. Authorization and Signature of Transferee (All Signatures Must Be Medallion Signature Guaranteed)

Signature of New Investor	Date	Signature of New Co-Investor or Custodian (if applicable)	Date
Signatures(s) Guaranteed			

Name of Eligible Guarantor Institution	Signature of Authorized Person

Medallion Stamp Guarantee

10. Mailing Instructions

Please complete this form and mail or fax to:

For CION Ares Diversified Credit Fund

REGULAR MAIL:

CION Ares Management, LLC c/o DST Systems Inc.
PO BOX 219422
Kansas City, MO 64121-9422

OVERNIGHT DELIVERY:

CION Ares Management, LLC c/o DST Systems Inc.
430 W 7th St
Kansas City, MO 64105

FAX:

(844) 643-0426

For CION Investment Corporation

REGULAR MAIL:

CION Investment Group, LLC c/o DST Systems Inc.
PO BOX 219476
Kansas City, MO 64121-9476

OVERNIGHT DELIVERY:

CION Investment Group, LLC c/o DST Systems Inc.
430 W 7th St
Kansas City, MO 64105

FAX:

(877) 379-5936

For CION Grosvenor Infrastructure Fund

REGULAR MAIL:

CION Grosvenor Infrastructure Fund c/o SS & C
PO Box 219984
Kansas City, MO 64121-9984

OVERNIGHT DELIVERY:

CION Grosvenor Infrastructure Fund c/o SS & C
801 Pennsylvania Avenue, Suite 219984
Kansas City, MO 64105-1308

FAX:

(833) 864-2092

Please contact our Investor Relations Department with questions at (800) 343-3736.