OFFER EXPIRES: OCTOBER 10, 2025

ASSIGNMENT FORM PURCHASE OFFER FOR FS SPECIALTY LENDING FUND ENDING OCTOBER 10, 2025 UNLESS EXTENDED



RETURN TO

Cox Capital Partners 1333 Race Street Philadelphia, PA 19107 or Email: fssltender@coxcp.com

Fax: 215-405-2742

CONTACT US

Phone: 484-840-5281

INSTRUCTIONS

Important information:

- Use this form to request to participate in the Cox Capital Partners Purchase Offer of FS SPECIALTY LENDING FUND.
- Please type or print clearly.
- A Medallion Signature Guarantee and/or custodial approval is required when submitting this form.
- If custodial authorization is required in Section 6, send the form to the custodian for approval prior to sending to Cox Capital Partners.
- If your shares are custodied with Charles Schwab, you must contact your financial advisor or an account representative prior to completing and submitting this form. Charles Schwab must operationally approve your purchase offer request before proceeding.
- Please include a copy of your account statement with your assignment form to assist with the completion
 of the transaction.

SECTION 1

Investor Information

This section is used to identify the existing account. In this section, we require both your name and your account registration. Your account registration is the name of your account as it appears on your statement, e.g., Fidelity IRA FBO John Smith or The John Smith Family Trust dtd 1/1/1900. Your name and registration may or may not be the same. Additional documentation may be required if redeeming from a Trust, Corporation, Retirement Plan, or Partnership account. If there are any name changes, powers of attorney, estate or probate documents, or corporate documents, please provide with your assignment form to expedite the transfer process.

SECTION 2

Share Purchase Request

This section identifies the number or value of shares you wish to have purchased in this offer.

SECTION 3

Financial Advisor Information

This section identifies your financial advisor and their contact information.

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SECTION 4

Payment Instructions

This section indicates where proceeds should be sent. Please note that all proceeds will be sent via wire. If your account is held in custody such as an IRA or otherwise broker-controlled, we are required to send your proceeds to your custodial account. For all non-custodial accounts, please attach a voided check to verify your wire instructions.

SECTION 5

Purchase Considerations

This section informs you of important purchase considerations.

SECTION 6

Authorized Signatures of Current Owner(s)

Original signatures of the current account owners or authorized persons are required in this section. Original Medallion Signature Guarantee is required. For custodial or brokerage account, custodian approval is required.

COMPLETE FOR COX CAPITAL PARTNERS PURCHASE OFFER OF FS SPECIALTY LENDING FUND ONLY.

1. INVESTOR INFORMATION	(required)		
Account Number			
Investor Name(s)			
Legal name(s) of the account owner(s) signing thi form. For entities/trusts, list the authorized signer's name and title (e.g., John A. Smith, Trustee).			
Account Registration			
Exact title line as it appears on your account statement (e.g., "Fidelity IRA FBO John A. Smith". This may differ from the investor name(s).			
Investor Phone Number			
Investor Email Address			
2. SHARE PURCHASE REQUER Please identify the number of shares \$11.50:	JEST (required	d)	
☐ All shares as of the expiration	n date		
□ Specific number of shares			
□ Specific dollar amount		(\$)	
NOTE : An investor with no Shares out on the Purchase Price under any circurecord dates that occur on or after the purchase.	ımstances and	will not be en	titled to receive any dividends with
3. FINANCIAL ADVISOR INF	ORMATION (if applicable)	
Advisor Name			
Advisor Phone Number			
Advisor Email Address			

4. PAYMENT INSTRUCTIONS - COMPLETE ONLY SECTION A OR B

Please note that proceeds will be sent via wire/direct deposit only.

A. CUSTODIAL ACCOUNTS (IRA and BROKER-CONTROLLED ACCOUNTS)

Custodian Name		
BIN/Custodian Account Number		
B. NON-CUSTODIAL ACCOUNTS		
Account Name		
Bank / Financial		
Institution		
Mailing Address		
City, State, ZIP		
Bank ABA Routing Number		
Bank Account		
Number		
Check one of the following:	Checking	Savings

PLEASE ATTACH A PRE-PRINTED VOIDED CHECK FOR NON-CUSTODIAL ACCOUNTS.

ATTACH VOIDED CHECK HERE

5. OFFER TO PURCHASE CONSIDERATIONS

The Purchasers' Offer to Purchase contains limitations on the number of Shares it may purchase. If the number of Shares properly tendered prior to the Expiration Date exceeds the number of Shares available to be purchased, the Purchasers may not choose to accept additional Shares and properly tendered shares may be subject to proration.

6. AUTHORIZED SIGNATURES

Signatures must be guaranteed by a bank, savings association, credit union, member firm of a domestic stock exchange or the Financial Industry Regulatory Authority that is an eligible guarantor institution. A notary public is not an acceptable guarantor. The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal. A Medallion Signature Guarantee is acceptable in place of a signature guarantee.

By executing this Assignment Form, the undersigned hereby delivers to Cox Capital Partners in connection with the Offer to Purchase the number of Shares indicated above.

Owner / Authorized Person Signature	Date	Co-Owner Signature	Date	
Medallion Signature Guarantee (required)		Custodian Approval (for custodial accounts)		

7. IN GOOD ORDER CHECKLIST

	Form signed by all required owners
	Medallion Signature Guarantee or Custodial Approva
	Recent account statement attached/included
П	Voided check attached for non-custodial accounts