EAGLE POINT CREDIT COMPANY CONVERTIBLE PREFERRED

Eagle Point Credit Company Inc. Convertible Preferred Stock
Preferred Stock Purchase Form

Investment

Shares (*Please Select One*):

- ○ **Series AA Convertible Preferred Stock**
- ○ **Series AA Convertible Preferred Stock** *(RIA/Institutional)*
- ○ **Series AB Convertible Preferred Stock**

Aggregate Purchase Amount: _____

Number of Shares: _____

Purchase Price per Share: _____

- ○ **Initial Investment**
- ○ **Additional Investment**

Brokerage Account Number: _____

Advisory Account Number: _____

Investor Information

Investor Name:	_____	**Co-Investor Name:**	_____
Investor Address:	_____	**Co-Investor Address:**	_____
City, State & Zip:	_____	**City, State & Zip:**	_____
Phone Number:	_____	**Phone Number:**	_____
Email Address:	_____	**Email Address:**	_____
Social Security or Tax ID:	_____	**Social Security or Tax ID:**	_____

Investor Acknowledgements & Signatures

Please thoroughly review each of the representations provided below. With the exception of fiduciary accounts, you are not authorized to bestow power of attorney upon any individual to make such representations on your behalf. To prompt the Company to approve this subscription, I (We) hereby affirm and guarantee that:

a) I(we) have received the Prospectus, wherein the terms and risks of the Offering are described and agree to the following terms and condition.
b) I am (we are) purchasing Shares for my/our own account.
c) I(we) acknowledge that the Shares of the Series AA Convertible Preferred Stock, Series AA Convertible Preferred Stock (RIA/Institutional) or Series AB Convertible Preferred Stock are not liquid, there is no public market for the Shares, and I (we) may not be able to sell the shares.
d) I am (we are) in compliance with the USA PATRIOT ACT and not on any government authority watch list.

I (We) have reviewed the aforementioned representation and comprehend the risks associated with this transaction. I(We) have been afforded the opportunity to have my questions addressed and to consult with my financial advisor(s).

_____	_____	_____	_____
Investor/Trustee Signature	**Date**	**Co-Investor/Trustee Signature**	**Date**

Registered Representative & RIA Submission and Approval

I, on behalf of the financial institution I represent, hereby confirm our compliance with all stipulations outlined in the prospectus, Participating Broker-Dealer Agreement, or Selected Investment Advisor Agreement concerning the sale of shares. This includes adherence to registration and licensing prerequisites, suitability standard, Regulation BI, anti-money laundering protocols, and our customer identification program.

_____	_____
Registered Representative/ RIA Signature	**Date**
_____	_____
Principal Signature	**Date**

Telephone: 203-900-5833

Email: ECCPref@eaglepointsecurities.com

Mailing Instruction: Please forward to your broker dealer home office (*if applicable*)