



Gladstone Capital Corporation (the "Company") is selling up to a maximum of 6,000,000 shares of Series A Cumulative Redeemable Preferred Stock (the "Shares" or "Series A Preferred Stock") in connection with this offering (the "Offering"). Each Share will be sold at a public offering price of \$25.00 per Share. Shares will be issued in book entry form and will not be certificated.

Information related to the foregoing can be found in the Registration Statement on Form N-2 filed with the SEC on November 29, 2021, Prospectus dated December 22, 2021 and the Prospectus Supplement dated May 31, 2023, and as updated and amended from time to time (collectively referred to as the "Prospectus").

The undersigned hereby tenders this TOD form in connection with their subscription to purchase Shares. All sections must be completed and legible.

This document is optional and is not applicable for custodial accounts. **For assistance completing this document, please contact Computershare at (866) 498-2564.**

## 1. INVESTOR INFORMATION

Registered Owner (exactly as name appears on the subscription agreement)			
First, Middle, Last Name:		Social Security #:	
Street Address:	City:	State:	Zip Code:
Daytime Phone #:		E-mail Address:	
Joint Registered Owner, if applicable (exactly as name appears on the subscription agreement)			
First, Middle, Last Name:		Social Security #:	
Street Address:	City:	State:	Zip Code:
Daytime Phone #:		E-mail Address:	



## 2. TRANSFER ON DEATH DESIGNATION

By signing below, I (we) request that my (our) investment be registered in TOD form, assigning ownership on my (our) death to my (our) beneficiary(ies). I understand that if more than one beneficiary is listed, percentages for each must be designated. If percentages are not designated, the shares will be divided equally. Percentages must equal 100%. For additional beneficiaries, please complete and attach an additional form.

Primary Beneficiary	
Full Name:	Guardian (if applicable):
Relationship:	Social Security # (required) or Tax ID #:
Date of Birth (required):	Percentage (%):
Additional Beneficiary	
<input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Contingent Beneficiary (must select one if providing additional beneficiaries)	
Full Name:	Guardian (if applicable):
Relationship:	Social Security # (required) or Tax ID #:
Date of Birth (required):	Percentage (%):
Additional Beneficiary	
<input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Contingent Beneficiary (must select one if providing additional beneficiaries)	
Full Name:	Guardian (if applicable):
Relationship:	Social Security # (required) or Tax ID #:
Date of Birth (required):	Percentage (%):
Additional Beneficiary	
<input type="checkbox"/> Primary Beneficiary or <input type="checkbox"/> Contingent Beneficiary (must select one if providing additional beneficiaries)	
Full Name:	Guardian (if applicable):
Relationship:	Social Security # (required) or Tax ID #:
Date of Birth (required):	Percentage (%):

