



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 (%):



By signing below, I (we) also make the following warranties, representations and agreements:

1. You are not required to re-register the investment in the name of the beneficiary unless you have received such documents as you may require to establish that I am (we are both) deceased.
2. You are not responsible for determining the tax consequences of the decision to register this investment or other decisions included herein.
3. I (We) agree to hold harmless, indemnify and defend you and your agents for any claim, loss or liability resulting from (a) breach of any warranty or representation in this form and the related subscription agreement, and (b) any action you take in connection with the registration, any re- registration in the name of the beneficiary(ies), and from any distribution thereafter to the beneficiary(ies), made as requested or authorized under this form.
4. If our ownership is established under Joint Tenants with Rights of Survivorship (JTROS) account status, upon death of one of the owners, ownership shall pass to the surviving owner, and you may follow the instructions of the survivor with regard to the investment, including, without limitation, instructions to (a) terminate transfer on death registration, or (b) change owner to beneficiary.
5. If I (we) have established this account individually and am (are) married (or, jointly and am not married to my joint applicant), my spouse's waiver has been executed below by signing.
6. You have not provided any legal advice to me (us), and I (we) agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my (our) state, and its effect on my (our) estate and tax planning.

Spousal Waiver: Residents of AZ, CA, ID, LA, NV, NM, TX, WA and WI must sign if spouse is not designated as primary beneficiary.

### 3. AUTHORIZED SIGNATURE(S) (all signatures must be Medallion Signature Guaranteed unless this form is submitted at the time of investment)

Signature of Investor

Date

Signature of Investor's Spousal Waiver

Date

Place medallion guarantee stamp here:

Place medallion guarantee stamp here:

Signature of Co-Investor

Date

Signature of Co-Investor's Spousal Waiver

Date

Place medallion guarantee stamp here:

Place medallion guarantee stamp here:

**ONCE COMPLETE, PLEASE DELIVER THIS FORM (ORIGINAL DOCUMENT REQUIRED) TO:**

***Via Regular Mail Delivery:***

Computershare  
Attn: Alternative Investment Operations  
P.O. Box 505013 Louisville,  
KY 40233-5013

***Via Overnight Delivery:***

Computershare  
Attn: Alternative Investment Operations 462  
South 4th Street Suite 1600  
Louisville, KY 40202