



Transfer Request Form

This Transfer Request Form must be used by a current stockholder (the "Current Holder") in Keating Capital, Inc. ("Keating Capital" or the "Company") to allow Keating Capital's transfer agent, DST Systems, Inc. ("DST" or the "Transfer Agent") to record the ownership transfer of shares of common stock on the books of DST in the name of a new stockholder (the "New Holder"). For stockholders who have multiple investments in separate registrations, one form must be completed for each registration.

This Transfer Request Form should only be completed for shares directly registered in the name of the Current Holder on DST's records. This Transfer Request Form should not be used for shares held in "street name" in the Current Holder's brokerage account. In such case, the Current Holder should contact the brokerage firm.

Depending on the type of transfer being requested, DST may require other legal documentation to complete the transfer of ownership of shares. Please contact DST Systems at (866) 292-9452 if you have any questions regarding this Form.

Forward the completed and signed Transfer Request Form directly to DST:

Via Fax:
(816) 283-5595

Via Regular Mail:
Keating Capital, Inc.
c/o DST Systems, Inc.
P.O. Box 219125
Kansas City, MO 64121-9125

Via Express/Overnight Delivery:
Keating Capital, Inc.
c/o DST Systems, Inc.
430 West 7th Street
Kansas City, MO 64105-1407

PLEASE PRINT CLEARLY

1. CURRENT HOLDER INFORMATION
A. CURRENT HOLDER ACCOUNT INFORMATION
Current Holder Name <i>(primary owner/trustee/custodian)</i> _____ Current Holder Name <i>(joint owner/co-trustee/beneficial owner)</i> _____ Mailing Address _____ Account Number _____ Social Security Number / Tax Identification Number _____ Telephone Number _____ Account Name <i>(must be the exact name in which the Shares are currently registered)</i> _____
B. REASON FOR TRANSFER
<input type="checkbox"/> Re-registration <i>(individual name change, change of custodian, divorce/separation, individual to trust, IRA transfers, etc.)</i> <input type="checkbox"/> Secondary Market Sale Please provide purchase price per share: \$ _____ <input type="checkbox"/> Death Date of Death (MM/DD/YY): _____ / _____ / _____ <input type="checkbox"/> Gift Date of Gift (MM/DD/YY): _____ / _____ / _____ <input type="checkbox"/> Other (please specify) _____ *Depending on the reason for transfer, additional documentation may be required.
C. SHARES TO BE TRANSFERRED
<p>Please note: If you are transferring certificated shares (i.e., shares that are represented by a physical stock certificate), you must submit the original certificate(s) with this Transfer Request Form in order for your transfer to be executed.</p> <input type="checkbox"/> Transfer <u>ALL</u> shares (all book-entry shares and any certificated shares submitted with this Form) <input type="checkbox"/> Partial Transfer (enter whole number of shares to be transferred below) Book-Entry Shares: _____ Certificated Shares: _____ In a partial transfer, all shares that the Current Holder is not transferring will be placed in book-entry form unless the issuance of a physical stock certificate is requested below: <input type="checkbox"/> The Current Holder requests that the shares not being transferred be represented by a physical stock certificate to be sent to the following address: Mailing Address (if different from mailing address in Section 1.A. above) _____

D. AUTHORIZATION AND SIGNATURE(S) OF ALL CURRENT HOLDER(S) OR LEGAL REPRESENTATIVES

The undersigned does (do) hereby irrevocably constitute and appoint DST Systems, Inc. as attorney to transfer the said stock, as the case may be, on the books of said Company, with full power of substitution in the premises.

The signature(s) below on the Transfer Request Form must correspond exactly with the name(s) as shown upon the face of the stock certificate or a DST Systems-issued statement for book-entry shares, without alteration or enlargement or any change whatsoever. The authorization below must be signed by all current registered holders, or a legally authorized representative with indication of his or her capacity next to the signature.

NOTE: Signatures must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings bank, savings and loan, U.S. stockbroker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee Program. (A NOTARY SEAL IS NOT ACCEPTABLE)

Current Holder _____ Signature _____ Date _____

Current Joint Holder, Trustee, or Authorized Person, if applicable _____ Signature _____ Date _____

REQUIRED ► Medallion Guarantee Stamp
(notary seal is not acceptable)

CUSTODIAN AUTHORIZATION
(must be completed for shares currently held in custodial name)

2. NEW HOLDER / RECIPIENT INFORMATION

A. NEW HOLDER INFORMATION *(please note that if shares are being transferred to more than one New Holder, each New Holder must complete a separate Section 2)*

Individual Owner *(primary owner; complete name as Shares should be registered)*

First Name _____ Middle Initial _____ Last Name _____ Gender _____

Social Security / Taxpayer Identification Number _____ Date of Birth _____ Country of Citizenship / Domicile _____

Mailing Address _____

Street Address *(required if mailing address is a P.O. Box)* _____

Daytime Telephone Number _____ Email address _____

Joint Owner / Minor *(complete name as Shares should be registered, if applicable)*

First Name _____ Middle Initial _____ Last Name _____ Gender _____

Social Security / Taxpayer Identification Number _____ Date of Birth _____ Country of Citizenship / Domicile _____

Mailing Address *(if different from above)* _____

Trust Accounts / Corporations / Partnerships / Other Entities *(Trustee(s) and/or authorized signatory(s) information must be provided in New Holder Information above)*

Entity Name _____ Taxpayer Identification Number _____ Date of Trust / Formation _____

Mailing Address _____

