



**Dividend Reinvestment or Cash Distribution Designation**

This Dividend Reinvestment or Cash Distribution Designation Form must be used by a current stockholder (the "Stockholder") of Keating Capital, Inc. ("Keating Capital" or the "Company") to request that Keating Capital's transfer agent, DST Systems, Inc. ("DST" or the "Transfer Agent") update the current dividend reinvestment or cash distribution designation for the Stockholder's account. This Dividend Reinvestment or Cash Distribution Designation Form should only be completed for shares directly registered in the name of the Stockholder on DST's records. This Dividend Reinvestment or Cash Distribution Designation Form should not be used for shares held in "street name" in the Stockholder's brokerage account. In such case, the Stockholder should contact the brokerage firm.

Please contact DST Systems at (866) 292-9452 if you have any questions regarding this Form.

**Forward the completed and signed Form directly to DST Systems, Inc.:**

**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 7<sup>th</sup> Street  
Kansas City, MO 64105-1407

PLEASE PRINT CLEARLY

<b>STOCKHOLDER ACCOUNT INFORMATION</b>		
_____ Stockholder Name ( <i>primary owner/trustee/custodian</i> )		
_____ Stockholder 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>DIVIDEND REINVESTMENT OR CASH DISTRIBUTION DESIGNATION</b>	
<input type="checkbox"/> <b>Election to receive cash distribution and dividends</b> I hereby elect to be enrolled in Keating Capital's Dividend Reinvestment Plan.	
<input type="checkbox"/> <b>Cash/Check Mailed to Address</b> I choose to have distributions mailed to me at the address listed below:	
_____ Mailing Address	
<input type="checkbox"/> <b>Cash Deposited Directly into Account</b> I choose to have distributions deposited in a checking, savings or brokerage account as detailed below.	
_____ Name of Financial Institution	
_____ Account Number	_____ Routing Transit Number (RTN or ABA#)

<b>AUTHORIZATION AND SIGNATURE(S) OF STOCKHOLDER(S)</b>		
_____ Stockholder	_____ Signature	_____ Date
_____ Joint Holder, Trustee or Authorized Person, if applicable	_____ Signature	_____ Date