

TRANSFER ON DEATH (T.O.D.) FORM: NexPoint Healthcare Opportunities Fund (the “Fund”)

1. Important Information Regarding T.O.D. Registration

- A Transfer on Death (T.O.D.) designation transfers ownership of shares to the registered owner’s beneficiary(ies) upon death; provided that the Fund receives proof of death and other documentation it deems necessary or appropriate.
- Until the death of the account owner(s), the T.O.D. beneficiary(ies) has (have) no present interest in, right to, or authority over, the T.O.D. account.
- A T.O.D. designation will be accepted only where shares are owned by a natural person and registered in that individual’s name or by two or more natural persons as joint tenants with rights of survivorship.
- Accounts registered to trusts, corporations, charities, and other such entities may not declare a T.O.D. designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a T.O.D. for accounts registered to a natural person.
- A T.O.D. designation made by joint tenants with rights of survivorship does not take effect until the last of all multiple owners die.
- Upon the death of any of the joint tenants, the surviving owner(s) may revoke or change the T.O.D. designation at any time. A T.O.D. direction is revocable prior to death of account owner(s) by (a) the sale of the account owner’s (or owners’) shares, (b) assigning shares to another person or entity, (c) filing a revocation of T.O.D. registration or (d) filing a change in T.O.D. registration with a new beneficiary (or beneficiaries). **A T.O.D. direction may not be revoked by a provision in a will or any other instrument. A T.O.D. direction may not be revoked by a provision in a will or any other instrument.**
 - The Fund will only honor a T.O.D. direction that it has recorded in its registration records. T.O.D. directions, changes and revocations will only be accepted when in proper form. Proper form requires: (a) endorsement by the account owner(s) (b) instruction indicating either a new form of registration, removal of the current T.O.D. beneficiary and/or designation of a new T.O.D. beneficiary and (c) actual receipt by The Fund prior to the account owner’s death.
 - This agreement is between the account owner(s) and The Fund. **You should discuss this T.O.D. direction with your attorney to ensure that it is consistent with your estate and tax planning and is enforceable under the laws of your state.**
- If the beneficiary(ies) does (do) not survive the registered owner(s), the shares will be treated as belonging to the deceased owner’s estate.
- If a minor is named as a beneficiary, the name of the custodian or guardian of the minor must also be provided: _____
- A T.O.D. designation and all rights related thereto shall be governed by the laws of the State of Delaware.
- A T.O.D. may be voided at any time by The Fund in its sole discretion, if there is any doubt as to the validity or effectiveness of a T.O.D. designation.
- A T.O.D. designation will not be accepted from residents of Louisiana.

2. To be Completed by Investor(s)

#1. NAME OF REGISTERED OWNER

#1. REGISTERED OWNER’S SSN

#1. DAYTIME PHONE #

#1. STATE OF RESIDENCE

#2. NAME OF JOINT REGISTERED OWNER (exactly as name appears in the Subscription Agreement/Signature Page)

#2. REGISTERED OWNER’S SSN

#2. DAYTIME PHONE#

#2. STATE OF RESIDENCE

3. Transfer On Death Designation

Regular Mail

NexPoint Healthcare Opportunities Fund
c/o DST Systems Inc.
430 W. 7th Street
Kansas City, MO 64105
(844) 485-9167

Express Mail

NexPoint Healthcare Opportunities Fund
c/o DST Systems Inc.
430 W. 7th Street
Kansas City, MO 64105
(844) 485-9167

I (we) authorize The Fund to register all of my (our) shares of its common stock in beneficiary 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

SSN or TAX ID # PERCENTAGE %

BIRTHDATE

SECOND BENEFICIARY OR CONTINGENT BENEFICIARY

FULL NAME

SSN or TAX ID # PERCENTAGE %

BIRTHDATE

THIRD BENEFICIARY OR CONTINGENT BENEFICIARY

FULL NAME

SSN or TAX ID # PERCENTAGE %

BIRTHDATE

4. Signatures

By signing below, I (we) authorize The Fund to register all of my (our) shares of its common stock in T.O.D. form. The designation(s) will be effective on the date of receipt. Accordingly, I (we) hereby revoke any beneficiary designation(s) made previously with respect to my (our) The Fund shares. I (we) have reviewed the information set forth below. I (we) agree on behalf of myself (ourselves) and my (our) heirs, assigns, executors, administrators and beneficiaries that The Fund will not be liable for, and I (we) will indemnify, defend and hold harmless The Fund and any and all of its affiliates, agents, successors and assigns, and their respective directors, managers, officers and employees, from and against any and all claims, liability, damages, actions and expenses arising directly or indirectly out of or resulting from the transfer of my (our) shares in accordance with this T.O.D. designation. I (we) further understand that The Fund cannot provide, and agree that The Fund has not provided, any legal advice and I (we) agree to consult with my (our) attorney, if necessary, to make certain that the T.O.D. designation is consistent with my (our) estate and tax planning.

Sign exactly as the name(s) appear(s) in the Subscription Agreement/Signature Page. All registered owners must sign. This authorization form is subject to the acceptance of The Fund

SIGNATURE OF REGISTERED OWNER:

DATE: _____

SIGNATURE OF JOINT REGISTERED OWNER OR,
FOR QUALIFIED PLAN, OF TRUSTEE/CUSTODIAN:

DATE: _____

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