

Distribution Reinvestment Plan

one	Investor Information
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Cash distributions paid on Class FA shares will be reinvested in additional shares of Class A Shares.

Thank you for your interest in the CNL Strategic Capital, LLC Distribution Reinvestment Plan ("Reinvestment Plan"). We are pleased to offer this distribution option to our shareholders for their investment portfolios. In order to become a participant in the Reinvestment Plan, please complete this form and return it to the address indicated above. This form will not be accepted by CNL Strategic Capital, LLC and DST Systems, Inc. (the "Reinvestment Agent") unless it is completed in its entirety.

By signing below, the registered shareholder(s) submitting this form appoint(s) the Reinvestment Agent as its agent under the terms of the Reinvestment Plan and certifies that the information contained herein is true and correct as of the date of this form. In addition, by signing below, the undersigned hereby certifies to CNL Strategic Capital, LLC and the Reinvestment Agent that the undersigned (i) has received the current prospectus for CNL Strategic Capital, LLC filed with the SEC on April 15, 2021, as amended and supplemented (the "Prospectus"), and agrees to abide by the provisions of the Reinvestment Plan; (ii) meets the suitability requirements as stated in the current Prospectus for CNL Strategic Capital, LLC; and (iii) has provided true and correct information as of the date of signature. The shareholder further agrees to notify CNL Strategic Capital, LLC in the event that there is any material change in his/her financial condition such that the shareholder no longer meets the current suitability requirements of if any representation under this Form becomes inaccurate.

Print Registration name(s) exactly as it appears on your account.

Name of Investor/Trustee	Social Security or Tax ID Number
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Name of Co-Investor/Trustee (if applicable)	Social Security or Tax ID Number
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Mailing Address

City	State	Zip Code
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two	Financial Professional or Investor Representative
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Name of Participating Broker-Dealer or Financial Institution
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Name of Financial Professional/Investor Representative
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three	Ownership Type
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Select one.

☐ Individual ☐ Joint (*all parties must sign*) ☐ IRA ☐ Trust ☐ Other*

*Ownership Type

four	Authorized Signatures
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This change must be authorized with the signatures of the investor(s) **and** the custodian.

Signature of Investor/Trustee	Date
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Signature of Co-Investor/Trustee - OR - custodian	Date
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Participation in the distribution reinvestment plan will commence with the next distribution paid after receipt of an investor's written election to participate in the plan and to all other calendar months thereafter, provided such election is received at least 15 days prior to the last day of the calendar month.

Medallion Signature Guarantee Stamp

