

REQUEST FOR WAIVER

Anthracite Capital, Inc. Dividend Reinvestment and Stock Purchase Plan (To be used for investments over \$20,000)

TO: James Lillis
Anthracite Chief Financial Officer
& Treasurer
40 East 52nd Street
New York, New York 10022

Telephone: (212) 810-3340
Fax Number: (212) 810-8765

This form is to be used only by participants in the Anthracite Capital, Inc. Dividend Reinvestment and Stock Purchase Plan who are requesting authorization from Anthracite Capital, Inc. to make optional cash payment under the Plan in excess of the \$20,000 monthly maximum limit.

A new form must be completed each month the Participant wishes to make an optional cash payment in excess of the \$20,000 monthly maximum limit.

The Participant submitting this form hereby certifies that (i) the information contained herein is true and correct as of the date of this form; and (ii) the Participant has received a current copy of the Prospectus relating to the Plan; and the Participant shall submit a copy of this Request for Waiver (approved by Anthracite Capital, Inc.) to American Stock Transfer & Trust Company at the same time an Authorization Form and the optional cash payments are submitted by the Participant.

Participant's Signature

Social Security Number(s) Date

Participant's Signature

Address

Print name as it appears on share certificate

City State Zip

Telephone Number: _____

Print name as it appears on share certificate

Fax Number: _____

Optional Cash Payment Amount:

Manner of Payment:

Check Money Order Wire Transfer

ACCEPTED BY ANTHRACITE CAPITAL, INC.

Name:
Title:

Date

Threshold Price, if any:

Applicable Waiver Discount:

This Request for Waiver may be withdrawn by the Participant in accordance with the terms of the Plan.

DRIP-Investment over \$20,000