

DNP SELECT INCOME FUND INC.

**PROXY SOLICITED BY MANAGEMENT FROM COMMON SHAREHOLDERS
FOR MEETING TO BE HELD ON MAY 5, 2010**

T. Brooks Beittel and Alan M. Meder or any of them, each with full power of substitution, are authorized to vote all shares of common stock of DNP Select Income Fund Inc. owned by the undersigned at the meeting of shareholders to be held May 5, 2010, and at any adjournment of the meeting. They shall vote in accordance with the instructions set forth on the reverse side hereof.

If no specific instructions are provided, this proxy will be voted "FOR" proposals 1, 2 and 3 and in the discretion of the proxies upon such other business as may properly come before the meeting.

NOTICE OF INTERNET AVAILABILITY OF PROXY MATERIAL:

The Notice of Meeting, proxy statement and proxy card are available at www.dnpselectincome.com/proxy

(Continued and to be signed on other side.)

DNP SELECT INCOME FUND INC.
P.O. Box 3550
South Hackensack, NJ 07606-9250

____ Please Vote, Date, and
Sign and Return Promptly
in the Enclosed Envelope

____ Votes must be indicated
(x) in Black or Blue ink

Your Board of Directors unanimously recommends a vote “FOR” each of the following proposals.

1. Election of directors:

FOR ALL ____

WITHHOLD ____
FOR ALL

*EXCEPTIONS ____

Nominees: Philip R. McLoughlin and Nathan I. Partain

2. Approval of an amendment to the Fund’s Articles of Amendment and Restatement to increase the number of authorized shares of common stock:

FOR ____

AGAINST ____

ABSTAIN ____

3. Approval of an amended and restated investment advisory agreement between the Fund and Duff & Phelps Investment Management Co. (the “Adviser”) which includes a retroactive payment to the Adviser for its management since March 24, 2009 of Fund assets derived from borrowings under the Fund’s credit facility:

FOR ____

AGAINST ____

ABSTAIN ____

(INSTRUCTIONS: To withhold authority to vote for any nominee, mark the “Exceptions” box and write the name of that nominee in the space provided below.)

*Exceptions _____

To change your address, please mark this box. ____

To include any comments, please mark this box. ____

IMPORTANT: Please sign exactly as your name or names appear on the shareholder records of the Fund. If you sign as agent or in any other representative capacity, please state the capacity in which you sign. Where there is more than one owner, each should sign.

Date: _____

Share Owner sign here

Co-Owner sign here