

APPENDIX C – FORM OF REQUEST FOR WITHDRAWAL

Alpha Diversified Fund, LP
c/o NAV Consulting, Inc.
Attention: Transfer Agency Services
1 Trans Am Plaza Drive, Suite 400
Oakbrook Terrace, Illinois 60181
Tel: (630) 954-1919 or (345) 946-5006
Fax: (630) 596-8555 or (345) 946-5007
transfer.agency@navconsulting.net

Please note email is always preferred to speed response and avoid delays.

This Request must be made at least 30 days prior to the close of business on the first day of a calendar quarter (for withdrawal at the end of such quarter).

Re: Alpha Diversified Fund, LP, Request for Withdrawal

Reference is made to the Limited Partnership Agreement dated as of December 1, 2021 (as the same may be amended, supplemented or revised from time to time, the “*Partnership Agreement*”) of Alpha Diversified Fund, LP, a Delaware limited partnership (the “*Partnership*”). All capitalized terms used but not defined herein shall have the meanings given to them in the Partnership Agreement.

The undersigned is a Partner in the Partnership and, pursuant to *Section 4.01(a)* of the Partnership Agreement, hereby requests to withdraw the following amount from the undersigned’s Capital Account in the Partnership as of the next Withdrawal Date and to receive the proceeds thereof as directed below:

(Check one)

- ___ % of the Limited Partner’s Capital Account; or
- \$_____.

If the undersigned is requesting a withdrawal of less than all of its Capital Account, the undersigned must withdraw no less than \$100,000, unless such minimum is waived by the General Partner. In the event that after giving effect to such withdrawal, the balance of the Capital Account would be less than \$100,000 and the General Partner does not waive the minimum Capital Account balance, please:

(Check one)

- disregard this Request for Withdrawal;

