WITHDRAWAL REQUEST FORM
SURVIVOR & THRIVER FUND, LP

Survivor & Thriver Fund, LP
c/o JDP Capital Management, LLC
Attention: Jeremy Deal
227 Rainbow Drive, Suite 12780
Livingston, TX 77399-2027
Telephone: (619) 890-9575
Email: jeremy@jdpcap.com

Dear Sir or Madam:

The undersigned limited partner (the "**Limited Partner**") in Survivor & Thriver Fund, LP (the "**Fund**") hereby requests to withdraw that portion of its capital account in the Fund ("**Capital Account**") on the next available withdrawal date following receipt of this letter as indicated below:
(check one):

- ☐ all of the Limited Partner's Capital Account;
- ☐ a portion of the Limited Partner's Capital Account in the amount of $_____; or
- ☐ _____% of the Limited Partner's Capital Account.

Requested Effective Date of the Withdrawal: _____

The cash proceeds of the withdrawal will be paid to the same account from which the Limited Partner's investment in the Fund was originally remitted unless alternative bank account instructions are submitted in a form acceptable to the General Partner, signed by one or more of the individuals authorized to act on behalf of the Limited Partner under the Limited Partner's subscription agreement with the Fund.

None of the Fund or JDP Capital Management, LLC will be responsible for any mis-delivery or non-receipt of any withdrawal request. Withdrawal requests will only be effective when actually received. The General Partner will confirm withdrawal requests that are received in good order. A Limited Partner that fails to receive a confirmation from the General Partner within five (5) Business Days should contact the General Partner to obtain the same. For purposes of this Withdrawal Request Form, a "**Business Day**" means any day on which banks are open in San Francisco, California. **Failure by a Limited Partner to ensure receipt of a withdrawal request will render the request void, unless otherwise permitted by the Fund.**

[SIGNATURE PAGE FOLLOWS]

Dated: _____, _____

For Entity Limited Partners:

Entity Name: _____

By: _____
(Authorized Signature)

Name: _____

Title: _____

By: _____
(Authorized Signature)

Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

For Individual Limited Partners:

Name: _____

_____
(Signature)

Name of Joint Limited Partner, if applicable:

_____

_____
(Signature)

Phone: _____

Fax: _____

E-Mail: _____