

Request for redemption of units form Mackenzie Northleaf Private Credit Fund (the “Fund”)

Units that are redeemed within one year of their issue date will be subject to an early redemption fee of 2% as described in the Offering Memorandum

Type of Unitholder

Please identify what type of Unitholder you are by checking the applicable box below:

Either an Individual, Joint Account, Corporation, or other Non-Managed Account. (If selected, fill out Section 1)

Managed Accounts. (If selected, fill out Section 2)

Section 1

Please complete below if you are the undersigned unitholder of the Fund (the “Unitholder”) that is an Individual, Joint Account, Corporation, or other Non-Managed Account.

a) Redemption information

The Unitholder, having received the offering memorandum of the Fund as amended from time to time (the “Offering Memorandum”), and having read and understood the terms of redemption therein, hereby requests the redemption of that portion of his, her or its units (the “Units”) of the Fund as is indicated below:

Name of Unitholder(s)	Dealer account number	Mackenzie account number	Fund number	No. of units to redeem or dollar amount to redeem	
				all units or	units \$
Name of Unitholder					
Name of joint Unitholder (if applicable)					

on the next available redemption date (the “Redemption Date”) following receipt of this request. This Request for Redemption must be received at least 30 days prior to a Redemption Date. The Unitholder acknowledges and agrees that any Units that are redeemed within one year of their issue date will be subject to an early redemption fee as described in the Offering Memorandum. **Notices of redemptions may not be subsequently withdrawn by the Unitholder except in those circumstances described in the Offering Memorandum or, in extraordinary circumstances, with the Manager’s consent.**

Unless the Manager agrees otherwise, redemption proceeds will be paid to the client’s Dealer.

b) Signatures

Signature of Unitholder (required)

Date (MM/DD/YYYY)

Joint Unitholder Signature (if applicable)

Date (MM/DD/YYYY)

Advisor Signature (required)

Date (MM/DD/YYYY)

Advisor Name (required)

Section 2 Managed accounts

Please complete the below if you are a registered Dealer or Advisor that is requesting the redemption of Units of the Fund on behalf of one or more fully managed accounts. If more space is needed in the below table, a separate spreadsheet may be sent to the Manager.

a) Redemption Information

Name and Address of Registrant Firm Requesting the Redemption of Units on behalf of Managed Accounts:

Print Full Legal Name

Telephone Number

Address

E-mail Address

City, Province, Postal Code

The registered Dealer or Advisor (acting on behalf of one or more fully managed accounts), having received the offering memorandum of the Fund as amended from time to time (the “**Offering Memorandum**”), and having read and understood the terms of redemption therein, hereby requests the redemption of all or that portion of the managed accounts’ Units of the Fund as is indicated below:

Name of Unitholder(s)	Dealer account number	Mackenzie account number	Fund number	No. of units to redeem or dollar amount to redeem		
				all units or	units	\$
				all units or	units	\$
				all units or	units	\$
				all units or	units	\$
				all units or	units	\$
				all units or	units	\$

on the next available redemption date (the “**Redemption Date**”) following receipt of this request. This Request for Redemption must be received at least 30 days prior to a Redemption Date. The Unitholder acknowledges and agrees that any Units that are redeemed within one year of their issue date will be subject to an early redemption fee as described in the Offering Memorandum. **Notices of redemptions may not be subsequently withdrawn by the registered Dealer or Advisor except in those circumstances described in the Offering Memorandum or, in extraordinary circumstances, with the Manager’s consent.**

Unless the Manager agrees otherwise, redemption proceeds will be paid to the client’s Dealer.

b) Signatures

Name of Authorized Signatory

Signature of Authorized Signatory (required)

Date (MM/DD/YYYY)

Please email, fax, or mail a signed copy to

Email: processing@mackenzieinvestments.com

(This e-mail box is only available for dealers who have signed our processing and TLS agreement.)

Fax Toll-Free: 866-766-6623; **Local:** (416) 922-5660

Mail: Mackenzie Financial Corporation 180 Queen Street West, Toronto, Ontario, M5V 3K1