Account Maintenance Form

Current Account Information Note: Please fill out this section in its entirety and any applicable sections.	5. Electronic Delivery (Provide new email address below. Email address on file will continue to receive electronic delivery where available unless instructed below.)
SS&C ACCOUNT NUMBER	ADD EMAIL
	REMOVE EMAIL
INVESTOR NAME (as it appears on statement)	CHANGE (FROM) EMAIL
OUGTODIAN NAME ((, , , , , , ,)	CHANGE (TO) EMAIL
CUSTODIAN NAME (if applicable)	Instead of receiving paper copies of the prospectus, prospectus supplements, annual reports, tax documents, proxy statements, and other stockholder communications and reports, you may elect to receive electronic delivery of stockholder communications from Golub Capital Private Credit Fund ("GCRED" or the "Fund"). If you would like to consent to electronic delivery, including pursuant to email
2. Change of Dealer/Advisor/Custodian Information (Provide new information below)	please check the box below for this election. We encourage you to reduce printing and mailing costs and to conserve natural resources by electing to receive electronic delivery of stockholder communications and statement notifications. By consenting below to electronically receive stockholder communications including your account-specific information, you authorize said offering(s) to either (I) email stockholder communications to you directly or (II) make them available on our website and notify you by email when
NAME OF DEALER & ACCOUNT NUMBER	and where such documents are available. Your consent to electronic delivery will be on an unlimited duration and you will not receive paper copies of these electronic materials unless specifically requester you inform us in writing that you revoke your consent, the delivery of electronic materials is prohibited or we, in our sole discretion, elect to send paper copies of the materials.
NAME OF ADVISOR & CRD/IARD NUMBER	By consenting to electronic access, you will be responsible for certain costs, such as your customary internet service provider charges, and may be required to download software in connection with access to these materials. You understand this electronic delivery program may be changed or discontinued an that the terms of this agreement may be amended at any time. You understand that there are possible
NAME OF CUSTODIAN & ACCOUNT NUMBER	risks associated with electronic delivery such as emails not transmitting, links failing to function properly and system failure of online service providers, and that there is no warranty or guarantee given
DEALER/ADVISOR ADDRESS	concerning the transmissions of emails, the availability of the websites, or information on it, other than a required by law.
ADDRESS	
ADDRESS	6. Distribution Reinvestment To change your current election in the Distribution Reinvestment Plan (the "DRIP"), please select below:
CITY STATE ZIP CODE	☐ I ELECT TO UNENROLL FROM THE DRIP ☐ I ELECT TO ENROLL IN THE DRIP
EMAIL ADDRESS	If you do not wish to enroll in the DRIP, please confirm where your distributions will be sent. For custodia held accounts, if you elect cash distributions, the funds must be sent to the custodian. If you are a resident of Ohio and a holder of Class S or Class D Shares, you are NOT eligible to participate in the Distribution Reinvestment Plan.
TELEPHONE NUMBER	MAILING ADDRESS
ADVISOR SIGNATURE DATE	CITY STATE ZIP CODE
3. Change of Address (Provide new information below)	 □ A. CHECK MAILED TO RESIDENTIAL STREET ADDRESS □ B. CHECK MAILED TO NEW ADDRESS IN SECTION 3 □ C. DIRECT DEPOSIT
NAME	FINANCIAL INSTITUTION NAME
ADDRESS	BANK ABA ROUTING NUMBER BANK ACCOUNT NUMBER
	PLEASE NOTE: IF YOU ARE NOT an Alabama, Arkansas, California, Idaho, Kansas, Kentucky, Maine, Maryland, Massachusetts. Nebraska, New Jersey, North Carolina, Ohio (Class I only), Oklahoma,
CITY STATE ZIP CODE	Oregon, Texas, Vermont or Washington Investor, you were automatically enrolled in the DRIP. IF YOU ARE an Alabama, Arkansas, California, Idaho, Kansas, Kentucky, Maine, Maryland, Massachusetts, Nebraska, New Jersey, North Carolina, Ohio (Class I only), Oklahoma, Oregon, Texas, Vermont or Washington Investor you may elect to enroll in the DRIP. You will automatically receive cash
TELEPHONE NUMBER	distributions unless you elect to enroll in the DRIP.
EMAIL ADDRESS	7. Signature By signing this form, I authorize GCRED, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this form. I agree they will not be liable for any resulting loss or expense. All services are subject to conditions set forth in each offering materials (e.g., Prospectus) and organizational documents. All account owners must sign. I/We agree that the Fund or any of the
4. Interested Party Statements	subsidiaries, affiliates, officers, directors, trustees, or employees will not be liable for any losses, claim expense, or cost and agree to indemnify the same from any losses and damages for acting upon any instructions or inquires. These authorizations shall continue until GCRED receives notice of modification signed by all amended from time to time. All terms shall be binding upon heirs, representatives, and assignees of the account owners. I/We acknowledge that I/We understand past performance is not
NAME	indicative of future results.
ADDRESS	ACCOUNT OWNER'S SIGNATURE DATE

CUSTODIAL MSG (if applicable)