# **GOLUB CAPITAL**

2. Change of Dealer/Advisor/Custodian Information       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. By consenting below to electronically receive stockholder communications including your account-specific information, you authorize said offering(s) to either (1) email stockholder communications, including your account-specific information, you authorize said offering(s) to either (1) email stockholder communications, including your account-specific information, you authorize said offering(s) to either (1) email stockholder communications, including your account-specific information, you authorize said offering(s) to either (1) email stockholder communications to you directly or (11) make them 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 requested 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 intermet 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 charged or discontinued an that there is no warranty or guarantee given concerning the transmissions of emails, the availability of the websites, or information on it, other than a required by law.	1. 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.)		
INVESTOR NAME (as it appears on statement)     Implement of the protection o					EMAIL	
CUSTODIAN NAME (if applicable)     CHANGE (II)     EMAL       CUSTODIAN NAME (if applicable)     CHANGE (III)     EMAL       2. Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       MAME OF ACUEON NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       MAME OF ACUEON NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       NAME OF ACUEON NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       NAME OF ACUEON NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       NAME OF ACUEON NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       POLICIDENT NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       NAME OF OUTOORN & ACCOUNT NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       POLICIDENT NO LICITON NUMBER     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       Control Not No Account Number     Change of Dealer/Advisor/Custodian Information     Change of Dealer/Advisor/Custodian Information       Control Not No Dealer/Advisor/Custodian Information     Change of	SS&C ACCOUNT NUMBER			REMOVE	EMAIL	
CLSTODIAN NAME (If applicable)     Executed of receiving source copies of the properties approximate, and predicts the comments and predicts and pre	INVESTOR NAME (as it appears on statement)			CHANGE (FROM)	EMAIL	
2. Change of Dealer/Advisor/Custodian Information         1. Change of Dealer/Advisor/Custodian Information         1. Provide new information below!         1. Med OF DEALER & ACCOUNT NUMBER         1. Med OF ADLER & ACCOUNT NUMBER         1. Med OF ADVISOR & CROLARD NUMBER         2. Major ADVISOR & CROLARD NUMBER         2. M				CHANGE (TO)	EMAIL	
2. Change of Dealer/Advisor/Custodian Information         Provide new information telow)         The second of the box is before the box is before. We consider the information is before the information telow)           NAME OF DEALER & ACCOUNT NUMBER         The second of the box is before the information is box information. We consider the information is the information information. We consider the information is the information is the information information. We consider the information is the information is the information information is the information information. We consider the information is the information information is the information information. We consider the information is the information is the information information. We consider the information is the information information. We consider the information is the information i	CUSTODIAN NAME (if applicable)			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, 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 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 requested, you inform us in writing that you revoke your consent, the delivery of electronic materials is prohibited or		
INAME OF DEALER & ALCUONT NUMBER <ul> <li>duardia and you with only controls you of control. the device part control of the contro of the control of the control of the control of the co</li></ul>	-					
Internet service provider charges, and may be accurated in the default access to the metaline's to accurate the internet service provider charges, and may be accurate the internet service provider charges, and may be accurate the internet service provider charges, and may be accurated in the internet service provider. Such that access the internet service provider charges, and may be accurated in the internet service provider. Such that the core service provider charges may be internet service provider. Such that the core internet service provider charges, and may be accurated with electronic chieves provider. Such that the core internet service provider charges may be internet service provider. Such that the core internet service provider charges may be internet service provider. Such that the core internet service provider charges may and may be internet service provider charges may be internet service provider charges may be internet. To charge source current electron in the Distribution Reinvestment Plan (the "DRIP"), please service to service the core service provider charges may be internet service provi	NAME OF DEALER & ACCOUNT NUMBER					
NAME OF CUSTODIAN & ACCOUNT NUMBER       Interface show any show the sh	NAME OF ADVISOR & CRD/IARD NUMBER			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 and		
ADDRESS  ADJRESS  AD				risks associated with elect and system failure of onlin	ronic delivery such as emai e service providers, and tha	ils not transmitting, links failing to function properly at there is no warranty or guarantee given
C. C. Describution (Processing) C. C. Describution Reinvestioner) C. C. Describution Reinvestioner) C. C. Describution Reinvestioner) C. C. Describution C. D. Describution C. Describution C. D. Describution C. Describut	ULALER/ADVISUK ADDRE	200		required by law.		I CONSENT TO ELECTRONIC DELIVERY
CITY       STATE       ZIP CODE         STATE       ZIP CODE         WID to made detclue only with regressings made liess than the business days pior to any distribution date         WID to made detclue only with regressing made liess than the business days pior to any distribution date         MIL ADDRESS         TELEPHONE NUMBER         ADVISOR SIGNATURE       DATE         OITY       STATE         ADVISOR SIGNATURE       DATE         CITY       STATE         ZIP CODE       MAILING ADDRESS         Index Signature       DATE         CITY       STATE         ZIP CODE       MAILING ADDRESS         CITY       STATE       ZIP CODE         MAILING ADDRESS       A. CHECK MAILED TO NEW ADDRESS IN SECTION 3         CITY       STATE       ZIP CODE         CITY       STATE       ZIP CODE         CITY       STATE       ZIP CODE         FILEPHONE NUMBER       BANK ABA ROUTING NUMBER       BANK ACCOUNT NUMBER         ADDRESS       CODE       FINANCIAL INSTITUTION NAME         CITY       STATE       ZIP CODE       PLESE ONTIN, Makana, Arkenas, California, Idaho, Kanas, Kentucky, Maine, Moryland, Maryland, Marylan	ADDRESS					n Reinvestment Plan (the "DRIP") please
EMAIL ADDRESS       Hyour dot not when the DBP, please confirm where, your distributions, when when she bere in the cardinal. If you was a resident of Ohio and a holder of Class S or Class D Shares, you are NOT eligible to participate in the DBP, please confirm where, you are NOT eligible to participate in the DBP, please confirm where, you are NOT eligible to participate in the DBP, please confirm where, you are NOT eligible to participate in the DBP, please confirm where, you are NOT eligible to participate in the DBP, please confirm where, you are NOT eligible to participate in the DBP, please confirm where, you are NOT eligible to participate in the DBP, please confirm where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP, please confirm, where, you are NOT eligible to participate in the DBP.         3. Change of Address       Address       Address of Class D S N Section 3       Class Class D S N Section 3         ADDRESS       ENAME       FINANCIAL INSTITUTION NAME       ENAMA COOUNT NUMBER         FLE	CITY	STATE	ZIP CODE	select below. Election ch will be made effective or	nanges made less than ten aly with respect to any sub	n business days prior to any distribution date bsequent distributions.
LINIT ADDRESS         ADJRESS         CITY       STATE         DATE         CITY       STATE         ADVISOR SIGNATURE         DATE         CITY       STATE         S. Change of Address         (Provide new information below)         NAME         CITY       STATE         ZIP CODE         ADDRESS         CITY       STATE         ZIP CODE         ADDRESS         CITY       STATE         ZIP CODE         ADDRESS         CITY       STATE         ZIP CODE         PINAME         FINANCIAL INSTITUTION NAME         BANK ABA ROUTING NUMBER         PLEASE NOTE: IF VOLARE NOT an Alabama, Arkansa, Calitonia, Idaho, Kansa, Kentucky, Maine, Machaesa, Rev Jeney, Notth Caronia, Only, Okaliona, Okogon, Toxa, Vermoria V Washington Investor, you were automatically enrolled in the DRP.         TELEPHONE NUMBER         EMAIL ADDRESS         CITY       STATE         ZIP CODE       The automatical symmetry of the substrate of this firmin, ideas, Arkansa, Calitonia, idahon, Ansa, Calitonia, idahon, Ansa, Calitonia, idahon, Casa, odov, Okogon, Toxa, Vermoria V Washington Investor, you were automatically enroled in the DRP.         MAIL ADDRESS       Th						
ADVISOR SIGNATURE       DATE         ADVISOR SIGNATURE       DATE         3. Change of Address (Provide new information below)				held accounts, if you elect resident of Ohio and a hold	cash distributions, the fund ler of Class S or Class D Sha	ds must be sent to the custodian. If you are a
ADVISOR SIGNATURE       DATE         3. Change of Address (Provide new information below)	TELEPHONE NUMBER					
3. Change of Address         (Provide new information below)         NAME         ADDRESS         CITY       STATE         ZIP CODE         PLASE NOTE: IF YOU ARE NOT an Alabama, Arkansas, California, Idaho, Kansas, Kentucky, Maine, Maryland, Masachusetts, Nebraska, New Jersey, North Carolina, Ohio (Class Ionly, Oklahoma, Oregon, Texas, Vermont or Washington Investor, you may elect to errol in the DRP.         TELEPHONE NUMBER       ZIP CODE         MAIL ADDRESS       State         EMAIL ADDRESS       State         ADDRESS       State         ADDRESS       State         ADDRESS       State         CITY       STATE         ZIP CODE       State         TELEPHONE NUMBER       Ababras, Arken Versey, North Carolina, Ohio (Class Ionly), Oklahoma, Oregon, Texas, Vermont or Washington Investor you may elect to errol in the DRP.         Fir YOU ARE an Alabama, Arkanaso, California, Idaho, Kansas, Kentucky, Maine, Maryland, Masachusetts, Nebraska, New Jersey, North Carolina, Ohio (Class Ionly), Oklahoma, Oregon, Texas, Vermont or Washington Investor you may elect to errol in the DRP.         Fir YOU ARE an Alabama, Arkanaso, California, Idaho, Kansas, Kentucky, Maine, Maryland, Masachusetts, Nebraska, New Jersey, North Carolina, Ohio (Class Ionly), Oklahoma, Oregon, Texas, Vermont or Washington Investor you may elect to errol in the DRP.         A. Interested Party Statements       ADD       C HANGE	ADVISOR SIGNATURE		DATE			7/0 0005
(Provide new information below)						
ADDRESS       FINANCIAL INSTITUTION NAME         ADDRESS       BANK ABA ROUTING NUMBER       BANK ACCOUNT NUMBER         CITY       STATE       ZIP CODE       PLEASE NOT an Alabama, Arkansas, California, Idaho, Kansas, Kentucky, Maine, Mayland, Massachusetts, Nebraska, New Jersy, North Carolina, Ohio (Class 1 oniy), Oklahoma, Oregon, Texas, Vermont or Washington Investor, you were automatically encolled in the DRIP.         TELEPHONE NUMBER       EMAIL ADDRESS       EMAIL ADDRESS       EMAIL ADDRESS         4. Interested Party Statements       ADD       REMOVE       CHANGE         NAME       MAME       Signes of integes of integes individues the Additional and gene to integes in	-			B. CHECK MAILED TO NEW ADDRESS IN SECTION 3		
CITY       STATE       ZIP CODE         FELEPHONE NUMBER       ZIP CODE         Maryland, Massachusetts, Nebrasak, New Jersey, North Carolina, Ohio (Class I only), Oklahoma, Oregon, Texas, Vermont or Washington Investor, you were automatically enrolled in the DRIP.         FELEPHONE NUMBER         EMAIL ADDRESS         EMAIL ADDRESS         A. Interested Party Statements       ADD         Remove       CHANGE         ADDRESS       ADD         NAME       ADDRESS         ADDRESS       ACCOUNT OWNER'S SIGNATURE         DATE         Indicative of thure results.	NAME			FINANCIAL INSTITUTI	ON NAME	
CITY       STATE       ZIP CODE         Maryland, Massachusetts, Nebraska, New Jersey, North Carolina, Ohio (Class I only), Oklahoma, Oregon, Texas, Vermont or Washington Investor, you ware automatically enciled in the DRIP.         TELEPHONE NUMBER         EMAIL ADDRESS         4. Interested Party Statements       ADD       REMOVE       CHANGE         NAME         ADDRESS         ADDRESS         Indexess       ACCOUNT OWNER'S SIGNATURE       DATE	ADDRESS			BANK ABA ROUTING	NUMBER BA	ANK ACCOUNT NUMBER
TELEPHONE NUMBER         TELEPHONE NUMBER         EMAIL ADDRESS         EMAIL ADDRESS         A. Interested Party Statements       ADD         REMOVE       CHANGE         A. Interested Party Statements       ADD         REMOVE       CHANGE         ADDRESS       Signal bar or subject to conditions set formany losses, claim or gene time to time. All account owners must sign. I/We agree that the Fund or any of the subject to conditions set formany losses, claim subject to conditions set formany losses, claim subject to conditions set formany 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 indicative of future results.         ADDRESS       ACCOUNT OWNER'S SIGNATURE       DATE	CITY	STATE	ZIP CODE	Maryland, Massachusetts, Oregon, Texas, Vermont or	Nebraska, New Jersey, No Washington Investor, you	orth Carolina, Ohio (Class I only), Oklahoma, were automatically enrolled in the DRIP.
EMAIL ADDRESS         EMAIL ADDRESS         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 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 danages 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 indicative of future results.         ADDRESS       ACCOUNT OWNER'S SIGNATURE       DATE	TELEPHONE NUMBER			Massachusetts, Nebraska Vermont or Washington In	, New Jersey, North Carolin vestor you may elect to enro	na, Ohio (Class I only), Oklahoma, Oregon, Texas,
ADDRESS       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 subsidiaries, affiliates, officers, directors, trustees, or employees 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 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 acting upon teres, trepresentatives, and assignees of the account ow						
4. Interested Party Statements       ADD       REMOVE       CHANGE         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 indicative of future results.         ADDRESS       ACCOUNT OWNER'S SIGNATURE       DATE         IOINT OWNER'S SIGNATURE       DATE	EMAIL ADDRESS			genuine for any service au expense. All services are s organizational documents.	thorized on this form. I agre ubject to conditions set fort All account owners must s	ee they will not be liable for any resulting loss or th in each offering materials (e.g., Prospectus) and ign. I/We agree that the Fund or any of the
ADDRESS ACCOUNT OWNER'S SIGNATURE DATE				expense, or cost and agree instructions or inquires. Th signed by all amended fror assignees of the account o	e to indemnify the same from nese authorizations shall co n time to time. All terms sh wners. I/We acknowledge t	m any losses and damages for acting upon any ntinue until GCRED receives notice of modifications all be binding upon heirs, representatives, and
				indicative of future results.		
CITY     STATE     ZIP CODE     JOINT OWNER'S SIGNATURE (if applicable)     DATE	ADDRESS			ACCOUNT OWNER'S S	GIGNATURE	DATE
	CITY	STATE	ZIP CODE	JOINT OWNER'S SIGN	ATURE (if applicable)	DATE

# **Beneficiary Registration or Change Notice**

# Account Registration:

A Transfer on Death ("TOD") designation is only permitted for individual registrations and registrations by joint tenants with rights of survivorship. Therefore, a TOD designation is not permitted for registrations that are held as community property or by a qualified plan, trust, corporation, etc.

#### **Beneficiary Information:**

You may designate one, or more than one, beneficiary. You must designate at least one primary beneficiary before designating any contingent beneficiary(ies); a contingent beneficiary will receive assets only if no primary beneficiary survives you. If you designate more than one beneficiary and you do not indicate the percentage of your common shares to be transferred to each, then your common shares will be divided equally between or among the beneficiaries. Minors may be beneficiaries provided you name a custodian, guardian or trustee. If a custodian, guardian or trustee is not indicated, you are representing that all named beneficiaries are not minors. *Beneficiaries are not registered owners and have no rights to make changes to or request information regarding your investment*.

# Effect of Multiple Beneficiary Designations:

You may elect to have your common shares held in separate registrations for each named beneficiary. You may also elect to have your common shares held as single registration for more than one beneficiary. If you make a per stirpes election, then, if any primary or contingent beneficiary dies before you but has surviving descendants, that beneficiary's share will be paid to such surviving descendants by right of representation, i.e., equally. In this case, persons within that group of descendants of a per stirpes beneficiary living on the date of the designation and on the date of death are included. If you do not make a per stirpes election, then, by default, only named beneficiaries will share in the account assets, and others who may be in the same group of descendants as the named individual (e.g., other children or grandchildren) but who are not named will not share in the account assets whether they were born, adopted or otherwise became a member of the group before or after the date of death. Only beneficiaries living on the date of death of the registered account owner(s) will be eligible to receive account assets.

GCRED. (together with its affiliates and subsidiaries, the "Company"), is entitled to rely on any representation of facts made by you, the personal representative of your estate, any beneficiary and any other person or source deemed appropriate by the Company in determining the identity of any unnamed beneficiaries.

# Transfer to Beneficiary(ies) upon Your Death:

The transfer agent will process a transfer of your common shares to the designated beneficiary(ies) upon receipt of the following: (1) properly completed and executed transfer forms with appropriate signatures, Medallion Stamp Guaranteed, (2) a true copy of the death certificate of the registered owner(s) and (3) other documentation as may be required by the Company.

# Tax and Legal Notice:

None of the Company, its affiliated investment advisor(s), the dealer manager or the transfer agent shall be responsible for determining the tax and/or legal consequences of your decision to make a TOD designation in connection with your investment. You should consult your own legal, tax and business advisors before electing to make a TOD designation in connection with your investment. In addition, none of the Company, its affiliated investment advisor(s), the dealer manager or the transfer agent shall have any liability or responsibility to a designated TOD beneficiary, or to any individual who would be entitled to receive your interest in such investment if there had been no TOD designation for such investment, and the beneficiary shall have no claims against any of them, for interest and all distributions in respect of a security underlying a TOD designation paid in cash to you and negotiated by your representatives after your death unless or until the common shares are presented in proper form for transfer to, and are registered in the name of, the beneficiary. In addition, there can be no assurance that the TOD designation will be honored under applicable law, in that the laws with respect to TOD vary from state to state. Accordingly, to the extent an intended TOD is not honored, the parties hereto and all intended beneficiaries acknowledge that the Company shall have no liability hereunder.

# Indemnification:

Intending to be legally bound and in consideration of the TOD designation in connection with your investment, you hereby agree, for yourself and your designated beneficiary(ies), and your and their respective successors, heirs and assigns (collectively, the "Indemnifying Parties"), as follows: (1) that your investment shall be governed by this TOD Beneficiary Registration or Change Notice; (2) that the Indemnifying Parties at all times shall indemnify and hold harmless the Company, its affiliated investment advisor(s), the dealer manager and the transfer agent, their respective officers, directors, shareholders, trustees, employees and agents and their respective successors, heirs and assigns (collectively, the "Indemnified Parties"), from and against any and all claims, liabilities, damages, actions, charges and expenses, including, but not limited to, attorneys' fees and disbursements sustained or incurred by any of the Indemnified Parties (collectively, the "Claims") to the extent that any acceptance or implementation of, or other action in accordance with, this TOD Beneficiary Registration or Change Notice and the rules of The Securities Transfer Association, Inc. with respect to TOD instructions by you is alleged or found for any reason to have been improper, invalid or ineffective, and (3) that the foregoing indemnification shall include, without limitation, any Claims by third parties challenging any TOD instructions or transfer in connection with your investment.

### **Spousal Consent:**

If you are married and your spouse is not the sole designated beneficiary of your investment, spousal consent may be required for the TOD designation in connection with your investment. The Company is under no obligation to determine your marital status, or whether your investment is separate or community property.

#### Future Changes in Notice:

The Company may amend this TOD Beneficiary Registration or Change Notice from time to time as needed or required.

# Once completed, send to:

Regular Mail: Golub Capital c/o SS&C P.O. Box 219098 Kansas City, MO 64121-9098 Express/ Overnight: Golub Capital c/o SS&C Suite 219098 430 W 7th St. Kansas City, MO 64105-1407 Golub Capital Service Center: Toll Free (844) 373-0973

# **Arbitration Disclosures**

This agreement contains a predispute arbitration clause. By signing and arbitration agreement the parties agree as follows:

All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.

- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify and arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration, in some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

Any controversy between you and the Company or the transfer agent shall be submitted to arbitration before any national securities exchange on which a transaction giving rise to the claim took place (and only before such exchange), or the financial industry regulatory authority.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until; (I) the class certification is denied; (II) the class is decertified; or (III) the customer is excluded from the class by the court, such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

The laws of the state of New York govern.

# By signing below, you:

- 1. Affirm that the beneficiary information provided on this form replaces any prior beneficiary information that may be on record for the indicated account(s).
- 2. Acknowledge that, if you check "per stirpes," that any share otherwise payable to a beneficiary shall instead be paid to that beneficiary's surviving descendants by right of representation if the original beneficially does not survive the registered account owner(s).
- 3. Acknowledge that "per stirpes" creates a category of beneficiaries (for example, the children of a beneficiary), and therefore ultimately may include individuals not yet born or adopted.
- 4. Acknowledge that the category created by a "per stirpes" designation in connection with a primary beneficiary would receive assets in lieu of any contingent beneficiaries.
- 5. Acknowledge that listing beneficiaries by name does NOT create a category of beneficiaries, and that if you later want to include other beneficiaries, you will need to submit a new beneficiary form.
- 6. Acknowledge that if you do not indicate the percentage of your shares to be transferred to each primary and contingent beneficiary, as applicable, that the account will be divided equally between or among the primary beneficiaries or contingent beneficiaries, as applicable.
- 7. Agree that the Company has no obligation to locate or notify any beneficiaries or to independently verify any information submitted by any person claiming an interest in your account.
- 8. Agree that when your assets are distributed to your beneficiaries, fractional shares that cannot be distributed in accordance with your instructions will instead be given to the beneficiary receiving the largest percentage of the account's assets or, if each beneficiary is receiving and equal percentage, to the last paid beneficiary.

**GOLUB CAPITAL** 

1.	Investment Registration Information					
OWN	NER NAME(s)					
ACC	OUNT NUMBER					
CON	IPANY SELECTION (Select one)					
	I/we authorize information to be applied or changed on all Companies record	ed under th	e above-referenced SSN(s) for individual registra	tions and registrations by joint tenants		
	with rights of survivorship. I/we authorize information to be applied or changed on only the following Co	npany(ies):				
CON	IPANY NAME(s)*					
*GCI	RED. — Requests are applicable to registered stockholders only.					
2.	Designation of Beneficiaries					
тог	<b>D Beneficiary No. 1</b> Primary Contingent		TOD Beneficiary No. 2 Pr	imary 🗌 Contingent		
FUL	LNAME	,	FULL NAME			
DATE OF BIRTH			DATE OF BIRTH			
SSN			SSN			
PERCENT OF SHARES			PERCENT OF SHARES			
CUSTODIAN NAME (A custodian must be listed if beneficiary is a minor)			CUSTODIAN NAME (A custodian must be listed if beneficiary is a minor)			
PER STIRPES If you outlive the beneficiary and you want that beneficiary's share to go to their descendants, check "per stirpes"			PER STIRPES If you outlive the beneficiary and you want that beneficiary's share to go to their descendants, check "per stirpes"			
тог	<b>D Beneficiary No. 3</b> Primary Contingent		TOD Beneficiary No. 4 Dr	imary 🗌 Contingent		
FULL NAME			FULL NAME			
DATE OF BIRTH			DATE OF BIRTH			
SSN			SSN			
PERCENT OF SHARES			PERCENT OF SHARES			
CUSTODIAN NAME (A custodian must be listed if beneficiary is a minor)			CUSTODIAN NAME (A custodian must be listed if beneficiary is a minor)			
PER STIRPES If you outlive the beneficiary and you want that beneficiary's share to go to their descendants, check "per stirpes"			PER STIRPES If you outlive the beneficiary and you want that beneficiary's share to go to their descendants, check "per stirpes"			
and,	amount or percentage of shares is specified then, if one TOD beneficiary is nan if more than one TOD beneficiary is named, all shares will be deemed to be cov contingent beneficiary receives assets only if no primary beneficiary survives you	ered by this	-			
SIGN	IATURE OF OWNER DATE (mm/dd/yyyy)		SIGNATURE OF JOINT OWNER	DATE (mm/dd/yyyy)		
	usal Waiver (To be signed if investor's spouse is not a joint owner on the account applies to Community Property states.	int and/or is	s not a named TOD beneficiary)			
	gning below, I consent to the terms and conditions of this TOD Beneficiary Reg	stration or (	Change Notice:			
SIGN	ATURE OF OWNER'S SPOUSE DATE (mm/dd/yyyy)		IGNATURE OF JOINT OWNER'S SPOUSE	DATE (mm/dd/yyyy)		
	ce completed, send to:					
	gular Mail: Golub Capital c/o SS&C P.O. Box 219098 Kansas (					
-	oress/ Overnight: Golub Capital c/o SS&C Suite 219098 430 V	/ 7th St. I	Kansas City, MO 64105-1407			
Gol	ub Capital Service Center: Toll Free (844) 373-0973					