

**WITHDRAWAL REQUEST
For Limited Partners in
Alkeon Growth PW Partners, L.P. (the Fund”)**

The undersigned _____ (the “Limited Partner”) hereby requests to withdraw the following amount of capital:

- Full withdrawal of entire capital account balance; or
- Partial Redemption of USD _____

To the instructions below:

from the Fund as of _____ (the “Withdrawal Date”). This withdrawal request is irrevocable, except with the written consent of the general partner of the Fund.

PLEASE RETURN a completed and signed copy of this document:

BY EMAIL AT LEAST 20 CALENDAR DAYS PRIOR TO THE REQUESTED WITHDRAWAL DATE TO:

alkeonteam@alkeoncapital.com

This Withdrawal Request form must be received in proper order no later 20 calendar days prior to the requested withdrawal date for it to be honored. For these purposes, “received in proper order” means actual receipt of the form by the method specified above. Withdrawal requests not received in proper order will not be honored.

WE STRONGLY RECOMMEND:
THAT YOU CONFIRM THIS
DOCUMENT’S TIMELY RECEIPT
WITH ALKEON CAPITAL
MANAGEMENT AT:

alkeonteam@alkeoncapital.com

Limited Partner Name (if joint account both must sign)

SIGNATURE(S)

DATE:

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