

To: GlobeOp Financial Services LLC
Investor Services Department
Fax Number: (914) 729-9500

Re: Atlas Enhanced Fund, L.P.

Full Legal Name and address of the Investor (as it appears on the month-end statements):

GHISLAINE MAXWELL

[REDACTED], NEW YORK, NY 10065

Entity ID #: _____

Sub-entity ID #: _____

I. Name and email address(s) of the person(s) who are to be added to the distribution list of investor communications, including month end valuation statements:

GHISLAINE MAXWELL

[REDACTED], TEANECK, NJ 07666

II. Name and email address(s) of the person(s) who are to be deleted from the distribution list of investor communications, including month end valuation statements:

[REDACTED] (DO NOT MAIL HERE)

NEW YORK, NY 10065

I hereby certify that I am an authorized signatory of the investor, that I am authorized to add/delete related parties for the account. Furthermore, I certify that the related parties are aware and will abide by the privacy policies of the respective Fund and will not distribute this information to any parties without written approval of the Fund or the Administrator.



Authorized signatory X

[Signature]

Date X

9-15-14

Printed Name GHISLAINE MAXWELL

Phone Number and/or Email [REDACTED]

CONFIDENTIAL

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