Atlas Enhanced Fund, L.P.

If you choose to withdraw your interests in Atlas Enhance Fund, L.P. (the "Fund"), you are responsible for confirming that GLOBEOP has received your documents by the appropriate deadline (see the Fund's private placement memorandum). Please allow 48 hours for your Withdrawal Form to be processed prior to contacting GLOBEOP to confirm receipt. If you fail to confirm receipt of this withdrawal form, there can be no assurance that your withdrawal request has been received by the Fund.

To assure good delivery, please send this page to GLOBEOP and not to your Financial Advisor.

Please fax or mail (this page only) to:

SS&C GlobeOp Financial Services LLC
One South Road, Harrison, NY 10528
Tel: [redacted]
Fax: [redacted]
Attn: Investor Relations

Withdrawal Deadlines

Please see the Fund's private placement memorandum for the appropriate withdrawal deadlines and any additional information.

Part 1. Name:

Name of Investor: GHISLAINE MAXWELL

Phone #: [redacted]

UBS Financial Services Account #: [redacted]

Part 2. Amount of Fund Interest in the Fund to be Withdrawn:

☒ Entire limited partner capital account interest.

☐ Portion of interest expressed as a specific dollar value. $_____
Subject to maintenance of a minimum interest (subject to the discretion of the Adviser; please see the private placement memorandum for further detail).

Part 3. Signature(s):

SIGN & DATE

FOR INDIVIDUAL INVESTORS AND JOINT TENANTS:

Signature: X _____ X _____
(Signature of Owner(s) Exactly as Appeared on Investor Application)/Date

Print Name of Investor: GHISLAINE MAXWELL

Joint Tenant Signature:
(If joint tenants, both must sign.) _____
(Signature of Owner(s) Exactly as Appeared on Investor Application)/Date

Print Name of Joint Tenant: _____

FOR OTHER INVESTORS:

Print Name of Investor: _____

Signature: _____
(Signature of Owner(s) Exactly as Appeared on Investor Application)/Date

Print Name of Signatory and Title: _____

Co-Signatory if necessary: _____
(Signature of Owner(s) Exactly as Appeared on Investor Application)/Date

Print Name and Title of Co-Signatory: _____