

**GB Capital Fund D., L.P.
10000 Memorial Drive, Suite 330
Houston, Texas 77024
713-520-0993 (Attn. Will Monroe)
713-526-2363 Facsimile**

REQUEST FOR REDEMPTION

Please email this **completed** request to **both** jgetchell@gbcfund.com and cbigam@gbcfund.com

Request must include both pages or the request will be denied.

I hereby request redemption as defined in and subject to all of the terms and conditions of the Limited Partnership Agreement of GB Capital Fund D, LP. (the "Partnership"), of: **(express either in dollars or as a percentage to be redeemed)**: Dollar Amount: \$ _____ **or** _____% of my limited partnership interest in the Partnership, less accrued fees and any amounts owing to the Partnership. Redemption shall be effective as of the close of business on the last day of the month occurring 10 days (or such lesser period as may be acceptable to you) after receipt by you of this Request for Redemption.

I hereby represent and warrant that I am the true, lawful and beneficial owner of all of my limited partnership interest in the Partnership and full power and authority to request redemption of all or a portion of such limited partnership interest. Such limited partnership interest is not subject to any pledge or otherwise encumbered in any fashion.

United States Taxable Limited Partners Only:

Under the penalties of perjury, I hereby certify that the Social Security Number or Taxpayer ID Number indicated below is my true, correct and complete Social Security Number or Taxpayer ID Number and that I am not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

Non-United States Limited Partners Only:

Under the penalties of perjury, I hereby certify that (a) I am not a citizen or resident of the United States and have not been present in the United States for 183 days or more during any calendar year or (b) in the case of an investor which is not an individual, the investor is not a United States corporation, partnership, estate or trust.

GB Capital Fund D, LP.

Signatures must be identical to name(s) in which the Limited Partnership Interest is registered.

Please forward a check for such funds by mail to the undersigned at:

Name

Social Security or Taxpayer ID#

Address

City, State Zip

Date: _____

Individual Limited Partner (or assignee)

Entity Limited Partner (or assignee)

(Name of Entity)

(Signature of Limited Partner or assignee)

By: _____
(Authorized trustee, partner or Corporate Officer)

Please indicate as follows:

_____ Full Redemption
_____ Partial Redemption \$ _____

Other Instructions:

