



**MACKENZIE**  
Investments

# Repurchase tender form

## Mackenzie Northleaf Private Credit Interval Fund (the “Fund”)

The Fund conducts quarterly repurchase offers to be effective as of the last Business Day of March, June, September and December of each year (a “Repurchase Pricing Date”). To sell your Units, a sell order must be placed on Fundserv and the Repurchase Tender Form must be received by Mackenzie Financial Corporation (the “Manager”) via email, fax or mail prior to the close of the Toronto Stock Exchange (normally the Exchange closes at 4 p.m., Eastern Time) on the Repurchase Request Deadline Date, which is 14 calendar days before the Repurchase Pricing Date.

For nominee accounts, unless the Manager agrees otherwise, repurchase proceeds will be paid to the client’s Dealer. For client name accounts, please attach a void cheque to have repurchase proceeds sent to the client’s bank account.

The Manager will pay repurchase proceeds to Unitholders no later than nine Business Days (the “Repurchase Payment Deadline”) following the Repurchase Pricing Date. Please see the schedule on the Manager’s website ([www.mackenzieinvestments.com](http://www.mackenzieinvestments.com)) for information on all dates relevant to repurchases of Fund Units.

### Type of Unitholder

Please identify what type of Unitholder you are by checking the applicable box below:

Either an Individual, Joint Account, Corporation, or other non-managed account. (If selected, fill out Section 1)

Managed Accounts. (If selected, fill out Section 2)

#### Email:

[processing@mackenzieinvestments.com](mailto:processing@mackenzieinvestments.com)

(This e-mail box is only available for dealers who have signed our processing and TLS agreement.)

#### Fax:

Toll-Free: **866-766-6623**;

Local: **(416)-922-5660**

#### Mail:

**Mackenzie Financial Corporation**

180 Queen Street West,  
Toronto, Ontario, M5V 3K1

## Section 1

Please complete the below if you're the undersigned unitholder of the Fund (the "Unitholder") that is an Individual, Joint Account, Corporation, or other non-managed account.

### a. Repurchase information

The Unitholder hereby requests the repurchase of all or that portion of his, her or its units (the "Units") of the Fund as is indicated below, having understood that if a repurchase offer is oversubscribed (the Manager receives requests to redeem Units representing more than 5% of the Fund's outstanding Units at the Net Asset Value (the "NAV") of the Fund (the "Repurchase Limit") and the Manager determines not to repurchase additional Units beyond the Repurchase Limit, the repurchase requests in excess of such amount may be deferred pro rata amongst all Unitholders seeking to redeem Units on the applicable Repurchase Pricing Date until the Repurchase Pricing Date next following such Repurchase Pricing Date.

\_\_\_\_\_  
*Name of Unitholder*

\_\_\_\_\_  
*Name of Joint Unitholder (if applicable)*

\_\_\_\_\_  
*Dealer Account No.*

\_\_\_\_\_  
*Mackenzie Account No.*

**Fund No.**

9453 (Series A)      or      9454 (Series F)

**No. of Units to Repurchase OR Dollar Amount to Repurchase**

all units or \_\_\_\_\_ units,

\$ \_\_\_\_\_

### b. Signatures

**Unitholder**

\_\_\_\_\_  
*Signature (Required)*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

**Joint Unitholder**

\_\_\_\_\_  
*Signature (If applicable)*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

**Advisor**

\_\_\_\_\_  
*Signature (Required)*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

\_\_\_\_\_  
*Name (Required)*

## Section 2 – Managed accounts

Please complete the below if you're a registered Dealer or Advisor that is selling Units of the Fund on behalf of one or more fully managed accounts. **If more space is needed in the below table, a separate spreadsheet may be sent to the Manager.**

### a. Repurchase information

**Name and Address of Registrant Firm Subscribing on behalf of Managed Accounts:**

\_\_\_\_\_  
*Print Full Legal Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*City, Province, Postal Code*

The registered Dealer or Advisor (acting on behalf of one or more fully managed accounts), hereby requests the repurchase of all or that portion of the managed accounts' Units of the Fund as is indicated below, having understood that if a repurchase offer is oversubscribed (the Manager receives requests to redeem Units representing more than the Repurchase Limit) and the Manager determines not to repurchase additional Units beyond the Repurchase Limit, the repurchase requests in excess of such amount may be deferred pro rata amongst all Unitholders seeking to redeem Units on the applicable Repurchase Pricing Date until the Repurchase Pricing Date next following such Repurchase Pricing Date.

\_\_\_\_\_  
*Name of Unitholder*

**Fund No.**

9453 (Series A)      or      9454 (Series F)

\_\_\_\_\_  
*Dealer Account No.*

**No. of Units to Repurchase OR Dollar Amount to Repurchase**

all units or \_\_\_\_\_ units,

\$ \_\_\_\_\_

\_\_\_\_\_  
*Mackenzie Account No.*

\_\_\_\_\_  
*Name of Unitholder*

**Fund No.**

9453 (Series A)      or      9454 (Series F)

\_\_\_\_\_  
*Dealer Account No.*

**No. of Units to Repurchase OR Dollar Amount to Repurchase**

all units or \_\_\_\_\_ units,

\$ \_\_\_\_\_

\_\_\_\_\_  
*Mackenzie Account No.*

## **Section 2 – Managed accounts** (cont'd)

\_\_\_\_\_  
*Name of Unitholder*

**Fund No.**

9453 (Series A)      or      9454 (Series F)

\_\_\_\_\_  
*Dealer Account No.*

**No. of Units to Repurchase OR Dollar Amount to Repurchase**

all units or \_\_\_\_\_ units,

\$ \_\_\_\_\_

\_\_\_\_\_  
*Mackenzie Account No.*

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\_\_\_\_\_  
*Name of Unitholder*

**Fund No.**

9453 (Series A)      or      9454 (Series F)

\_\_\_\_\_  
*Dealer Account No.*

**No. of Units to Repurchase OR Dollar Amount to Repurchase**

all units or \_\_\_\_\_ units,

\$ \_\_\_\_\_

\_\_\_\_\_  
*Mackenzie Account No.*

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\_\_\_\_\_  
*Name of Unitholder*

**Fund No.**

9453 (Series A)      or      9454 (Series F)

\_\_\_\_\_  
*Dealer Account No.*

**No. of Units to Repurchase OR Dollar Amount to Repurchase**

all units or \_\_\_\_\_ units,

\$ \_\_\_\_\_

\_\_\_\_\_  
*Mackenzie Account No.*

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### **b. Signatures**

\_\_\_\_\_  
*Name of Authorized Signatory*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

\_\_\_\_\_  
*Signature of Authorized Signatory (Required)*