

**ANNEX TO LIMITED PARTNERSHIP AGREEMENT OF  
ABRAHAM FORTRESS FUND, L.P.  
REQUEST FOR REDEMPTION**

\_\_\_\_\_, 20\_\_\_\_\_

Abraham Fortress Fund, L.P.  
c/o Abraham Trading Co.  
Moody Building, 2nd & Main  
Canadian, Texas 79014

Dear Abraham Trading Co.:

I hereby request Redemption, as defined in and subject to all of the terms and conditions of the Limited Partnership Agreement (the "Limited Partnership Agreement") of Abraham Fortress Fund, L.P. (the "Partnership"), of my capital account, in the following amount of \$ \_\_\_\_\_, or the following percentage \_\_\_\_\_, or the following specified number of units \_\_\_\_\_ from my Limited Partnership Interests of the Partnership, less any amounts specified in Section 6.1 of the Limited Partnership Agreement. Redemption shall be effective as of the last business day of the month in which this Request for Redemption is received by the General Partner, provided that this Request for Redemption is received by the General Partner at least six business days prior to the end of such month.

I (either in my individual capacity or as an authorized representative of an entity, if applicable) hereby represent and warrant that I am the true, lawful, and beneficial owner of the Interests to which this Request for Redemption relates, with full power and authority to request Redemption of such Interests. Such Interests are not subject to any pledge or otherwise encumbered in any fashion. My signature has been attested to by a Notary Public.

Please note: Redeeming dollar amounts is the easiest and quickest way to receive a redemption. Redeeming units is slower because it requires that the month end accounting be completed. If you wish to fully redeem your investment, insert the word "All" in either blank space above.

SIGNATURE(S) MUST BE IDENTICAL TO NAME(S)  
IN WHICH INTERESTS OF LIMITED PARTNERSHIP INTEREST ARE REGISTERED

**Type or Print Name of Partner:** \_\_\_\_\_

**Entity Partner (or assignee)**

**Individual Partner (or assignee)**

\_\_\_\_\_  
(Type or Print Name)

By: \_\_\_\_\_  
(Authorized officer, partner, trustee, or  
custodian. If a corporation, include  
certified copy of authorizing resolution.)

\_\_\_\_\_  
(signature(s) of all Partners or assignees)

NOTE: If the entity Partner is a trustee or custodian of an employee benefit plan under which a plan participant may exercise control over assets in his account, the signature of the plan participant also must be supplied.

Plan Participant:

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature)

THIS REQUEST FOR REDEMPTION MUST BE RECEIVED BY THE GENERAL PARTNER AT  
LEAST SIX BUSINESS DAYS PRIOR TO THE END OF THE MONTH IN WHICH  
REDEMPTION IS TO BE EFFECTIVE.