

1 | Your Investment

1A. Investment Amount \$

1B. Investment Type Initial Investment
 Additional Investment

1C. Share Class Selection

Class S
▪ Upfront Sales Load up to 3.5%
▪ (\$2,500 minimum initial investment)

Class D
▪ Upfront Sales Load up to 1.5%
▪ (\$2,500 minimum initial investment)

Class I
▪ No Upfront Sales Load
▪ (\$1,000,000 minimum initial investment)¹

¹Unless otherwise waived.

2 | Form of Ownership

2A. See Appendix A for supplemental document requirements by investor type.

Individual / Joint Accounts

Individual

Joint Tenants with Rights of Survivorship

Tenants in Common

Community Property

Uniform Gift/Transfer to Minors

State:

Retirement Accounts

IRA

Roth IRA

SEP IRA

Rollover IRA

Inherited IRA

Other:

Entity Accounts

Trust

C Corporation

S Corporation

Partnership

Limited Liability Corporation

Other:

Entities – Please indicate if you are:

Not-for-Profit Organization

Pension Plan

Profit Sharing

401K Plan

Disregarded Entity

2B. Brokerage / Custodial

Account Number

Custodian Name (if applicable)

Custodian Tax ID (if applicable)

Custodian Signature / Stamp:

3 | Investor Information

3A. Primary Account Holder / Minor (if Uniform Gift/Transfer to Minors account) / Trustee / Authorized Signatory

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

First Name **Middle Initial** **Last Name**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Social Security Number / Tax ID **Date of Birth**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Legal Address Street **City** **State** **Zip Code**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Mailing Address Street **City** **State** **Zip Code**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email **Daytime Phone**

I am a:

- U.S. Citizen**
- Resident Alien**
- Non-Resident Alien**

Country of citizenship if non-U.S. citizen:

(A completed applicable Form W-8 is required)

I am or an immediate family member is an employee, officer, director, or affiliate of OHA Private Credit Advisors LLC

- Yes**
- No**

3B. Joint Account Holder / Custodian (if Uniform Gift/Transfer to Minors account) / Co-Trustee / Authorized Signatory

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

First Name **Middle Initial** **Last Name**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Social Security Number / Tax ID **Date of Birth**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Legal Address Street **City** **State** **Zip Code**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Mailing Address Street **City** **State** **Zip Code**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email **Daytime Phone**

I am a:

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

Country of citizenship if non-U.S. citizen:

(A completed applicable Form W-8 is required)

I am or an immediate family member is an employee, officer, director, or affiliate of OHA Private Credit Advisors LLC

- Yes
- No

3C. Joint Account Holder / Co-Trustee / Authorized Signatory

First Name

Middle Initial

Last Name

Social Security Number / Tax ID

Date of Birth

Legal Address Street

City

State

Zip Code

Mailing Address Street

City

State

Zip Code

Email

Daytime Phone

I am a:

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

Country of citizenship if non-U.S. citizen:

(A completed applicable Form W-8 is required)

I am or an immediate family member is an employee, officer, director, or affiliate of OHA Private Credit Advisors LLC

- Yes
- No

3D. Entity Information

Entity Name

Tax ID Number

Date of Formation

--	--	--	--

Legal Address Street

City

State

Zip Code

Country of Domicile

Exemptions (see Form W-9 instructions at www.irs.gov)

Exemptions for FATCA reporting code (if any)

Transfer on Death Beneficiary Information (Optional if Section A Is Completed Above)

Please designate the beneficiary information for your account. If completed, all information is required. Secondary beneficiary information may only include whole percentages and must total 100%. (Not available for Louisiana residents).

First Name	Middle Initial	Last Name
Social Security Number / Tax ID	Date of Birth	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input style="width: 40px;" type="text"/> %

First Name	Middle Initial	Last Name
Social Security Number / Tax ID	Date of Birth	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input style="width: 40px;" type="text"/> %

First Name	Middle Initial	Last Name
Social Security Number / Tax ID	Date of Birth	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input style="width: 40px;" type="text"/> %

4 | ERISA Plan Asset Regulations

Are you a “benefit plan investor”² within the meaning of the Plan Asset Regulations³ or will you use the assets of a “benefit plan investor” to invest in T. Rowe Price OHA Select Private Credit Fund?

Yes
 No

²The term “benefit plan investor” includes, for e.g.: (i) an “employee benefit plan” as defined in section 3(3) of the U.S. Employee Retirement Income Security Act of 1974, as amended (“ERISA”), that is subject to Title I of ERISA (such as employee welfare benefit plans (generally, plans that provide for health, medical or other welfare benefits) and employee pension benefit plans (generally, plans that provide for retirement or pension income)); (ii) “plans” described in section 4975(e)(1) of the U.S. Internal Revenue Code of 1986, as amended (the “Code”), that is subject to section 4975 of the Code (including, for e.g., an “individual retirement account”, an “individual retirement annuity”, a “Keogh” plan, a pension plan, an Archer MSA described in section 220(d) of the Code, a Coverdell education savings account described in section 530 of the Code and a health savings account described in section 223(d) of the Code) and (iii) an entity that is, or whose assets would be deemed to constitute the assets of, one or more “employee benefit plans” or “plans” (such as for e.g., a master trust or a plan assets fund) under ERISA or the Plan Asset Regulations.

Plan Asset Regulations means the regulations issued by the United States Department of Labor at Section 2510.3-101 of Part 2510 of Chapter XXV, Title 29 of the United States Code of Federal Regulations, as modified by Section 3(42) of ERISA, as the same may be amended from time to time.

5 | Distribution Instructions

You are automatically enrolled in our Distribution Reinvestment Plan, unless you are a resident of ALABAMA, ARKANSAS, IDAHO, KANSAS, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEBRASKA, NEW JERSEY, NORTH CAROLINA, OHIO, OREGON, TENNESSEE, VERMONT OR WASHINGTON.

If you are a resident of the states listed above, you **are not** automatically enrolled in the Distribution Reinvestment Plan. **PLEASE CHECK HERE IF YOU WISH TO ENROLL in the Distribution Reinvestment Plan. You will automatically receive cash distributions unless you elect to enroll in the Distribution Reinvestment Plan. If you opt-in, your DRIP shares (except Class I shares) will be subject to shareholder servicing and distribution fees.**

If you **are not** a resident of the states listed above, you are automatically enrolled in the Distribution Reinvestment Plan; **PLEASE CHECK HERE IF YOU DO NOT WISH TO BE ENROLLED** in the Distribution Reinvestment Plan and complete the Cash Distribution Information section below.

For custodian held accounts, if you elect cash distributions the funds must be sent to the custodian.

IF YOU ELECTED TO RECEIVE CASH DISTRIBUTIONS, AND ARE NOT INVESTED VIA CUSTODIAN, PLEASE CHOOSE AN OPTION:

A. Direct deposit to third party financial institution
I authorize T. Rowe Price OHA Select Private Credit Fund or its agent to deposit my distribution into my savings or checking account (Attach Voided Check). This authority will remain in force until I notify T. Rowe Price OHA Select Private Credit Fund in writing to cancel it. In the event that T. Rowe Price OHA Select Private Credit Fund deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Financial Institution

Mailing Address

City

State

Zip Code

ABA Routing Number

Account Number

B. Mail a check to the primary account holder mailing address

C. Mail a check to the entity legal address

6 | Electronic Delivery Consent (Optional)

Instead of receiving paper copies of the prospectus, prospectus supplements, annual reports, proxy statements, and other shareholder communications and reports, you may elect to receive electronic delivery of shareholder communications from T. Rowe Price OHA Select Private Credit Fund. If you would like to consent to electronic delivery, including pursuant to email, please sign below.

By consenting below to electronically receive shareholder communications, including your account-specific information, you authorize said offering(s) to either (i) email shareholder communications to you directly or (ii) make them available on our website and notify you by email when and where such documents are available. You will not receive paper copies of these electronic materials unless specifically requested, the delivery of electronic materials is prohibited or we, in our sole discretion, elect to send paper copies of the materials.

By consenting to electronic access, you will be responsible for certain costs, such as your customary internet service provider charges, and may be required to download software in connection with access to these materials. You understand this electronic delivery program may be changed or discontinued and that the terms of this agreement may be amended at any time. You understand that there are possible risks associated with electronic delivery such as emails not transmitting, links failing to function properly and system failure of online service providers, and that there is no warranty or guarantee given concerning the transmissions of email, the availability of the website, or information on it, other than as required by law.

Owner or Authorized Person Signature

Date

7 | Subscriber Representations and Signatures

T. Rowe Price OHA Select Private Credit Fund is required by law to obtain, verify and record certain personal information from you or persons on your behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and social security/taxpayer identification number. We may also ask to see other identifying documents. If you do not provide the information, T. Rowe Price OHA Select Private Credit Fund may not be able to open your account. By signing the Subscription Agreement, you agree to provide this information and confirm that this information is true and correct. If we are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if we believe we have identified potentially criminal activity, we reserve the right to take action as we deem appropriate which may include closing your account.

Please separately initial each of the representations below. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make the representations on your behalf.

In order to induce T. Rowe Price OHA Select Private Credit Fund to accept this subscription, I hereby represent and warrant to you as follows:

Primary Investor Initials

Co-Investor Initials

	Primary Investor Initials	Co-Investor Initials
<p>1 I (we) have received the prospectus (as amended or supplemented) for T. Rowe Price OHA Select Private Credit Fund at least five business days prior to the date hereof.</p>	<input type="text"/>	<input type="text"/>
<p>2 I (we) have (A) a minimum net worth (not including home, home furnishings and personal automobiles) of at least \$250,000, or (B) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000. If I am an entity that was formed for the purpose of purchasing shares, each individual that owns an interest in the entity meets this requirement.</p>	<input type="text"/>	<input type="text"/>

<p>3 I am (we are) a resident of Alabama, California, Idaho, Iowa, Kansas, Kentucky, Maine, Massachusetts, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Tennessee, or Vermont and in addition to the general suitability requirements described above, I meet the higher suitability requirements, if any, imposed by my state of primary residence as set forth in the prospectus under "SUITABILITY STANDARDS." If I am an entity that was formed for the purpose of purchasing shares, each individual that owns an interest in the entity meets this requirement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4 I am (we are) a resident of New Jersey and in addition to the general suitability requirements described above, I meet the higher suitability requirements, if any, imposed by my state of primary residence as set forth in the prospectus under "SUITABILITY STANDARDS." If I am an entity that was formed for the purpose of purchasing shares, each individual that owns an interest in the entity meets this requirement. New Jersey investors are advised that that if they buy Class S shares or Class D shares through certain financial intermediaries, they may directly charge transaction or other fees, including upfront placement fees or brokerage commissions, in such amounts as they may determine, provided that they limit such charges to a 3.5% cap on NAV for Class S shares and a 1.5% cap on NAV for Class D shares.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5 I am (we are) a resident of Kansas and as recommended by the Office of the Securities Commissioner that Kansas, I (we) have limited my (our) aggregate investment in T. Rowe Price OHA Select Private Credit Fund's securities and other similar investments to not more than 10% of my (our) liquid net worth. Liquid net worth shall be defined as that portion of the purchaser's total net worth that is comprised of cash, cash equivalents and readily marketable securities, as determined in conformity with GAAP.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6 I am (we are) domiciled or have a registered office in the European Economic Area or in the United Kingdom, and qualify as (i) a "professional investor," within the meaning of Annex II to Directive 2014/65/EU or the United Kingdom Alternative Investment Fund Managers Regulations 2013 (SI 2013/1773) as amended, as applicable, or (ii) a "certified sophisticated investor" as defined under the Financial Services and Markets Act 2000 of the United Kingdom.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7 I acknowledge that there is no public market for the shares, shares of this offering are not liquid and appropriate only as a long-term investment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8 I am purchasing the shares for my own account, or if I am purchasing shares on behalf of a trust or other entity of which I am a trustee or authorized agent, I have due authority to execute this subscription agreement and do hereby legally bind the trust or other entity of which I am trustee or authorized agent.</p>	<input type="checkbox"/>	<input type="checkbox"/>

9	I received notice that T. Rowe Price OHA Select Private Credit Fund may enter into transactions with OHA affiliates that involve conflicts of interest as described in the prospectus.	<input type="checkbox"/>	<input type="checkbox"/>
10	I acknowledge that subscriptions must be submitted at least five business days prior to first day of each month and my investment will be executed as of the first day of the applicable month at the NAV per share as of the day preceding day. I acknowledge that I will not know the NAV per share at which my investment will be executed at the time I subscribe and the NAV per share as of the last day of each month will generally be made available at www.ocreditfund.com within 20 business days of the last day of each month.	<input type="checkbox"/>	<input type="checkbox"/>
11	I acknowledge that my subscription request will not be accepted any earlier than two business days before the first calendar day of each month. I acknowledge that I am not committed to purchase shares at the time my subscription order is submitted and I may cancel my subscription at any time before the time it has been accepted as described in the previous sentence. I understand that I may withdraw my purchase request by notifying the transfer agent at 1-844-700-1478 or through my financial intermediary.	<input type="checkbox"/>	<input type="checkbox"/>

In the case of sales to fiduciary accounts, the minimum standards set forth in the prospectus under “SUITABILITY STANDARDS” shall be met by the beneficiary, the fiduciary, account, or, by the donor or grantor, who directly or indirectly supplies the funds to purchase the shares if the donor or grantor is the fiduciary.

New Jersey investors are advised that if they buy Class S shares, Class D shares or Class I shares through certain financial intermediaries, they may directly charge you transaction or other fees, including upfront placement fees or brokerage commissions, in such amounts as they may determine, provided that they limit such charges to a 3.5% cap on NAV for Class S shares and a 1.5% cap on NAV for Class D shares.

I declare that the information supplied in this Subscription Agreement is true and correct and may be relied upon by T. Rowe Price OHA Select Private Credit Fund. I acknowledge that the Broker / Financial Advisor of record indicated in Section 6 of this Subscription Agreement and its designated clearing agent, if any, will have full access to my account information, including the number of shares I own, tax information (including the Form 1099) and redemption information. Investors may change the Broker / Financial Advisor of record at any time by contacting T. Rowe Price OHA Select Private Credit Fund Investor Relations at the number indicated below.

SUBSTITUTE IRS FORM W-9 CERTIFICATIONS *(required for U.S. investors):*

Under penalties of perjury, I certify that:

1. The number shown on this Subscription Agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including a resident alien) (defined in IRS Form W-9); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I Each Account Holder / Trustee / Authorized Signatory must sign below (Custodians must sign in Section 2)

--	--

Signature of Investor

Date

--	--

Signature of Co-Investor or Custodian (if applicable)

Date

9 | Broker / Financial Advisor Information and Signature

The Financial Advisor must sign below to complete the order. The Financial Advisor hereby warrants that he/she is duly licensed and may lawfully sell shares in the state designated as the investor's legal residence.

--	--

Name of Financial Institution

Financial Advisor Name

--	--	--	--

Advisor Mailing Address

City

State

Zip Code

--	--	--

Rep CRD Number

AND/OR Advisor/Team ID

Branch Number

--	--

Email Address

Telephone Number

--	--

Operations Contact Name

Operations Contact Email Address

Please note that unless previously agreed to in writing by T. Rowe Price OHA Select Private Credit Fund, all sales of securities must be made through a Broker, including when an RIA has introduced the sale. In all cases, Section 6 must be completed.

The undersigned confirm(s), which confirmation is made on behalf of the Broker with respect to sales of securities made through a Broker, that they (i) have reasonable grounds to believe that the information and representations concerning the investor identified herein are true, correct and complete in all respects; (ii) have discussed such investor's prospective purchase of shares with such investor; (iii) have advised such investor of all pertinent facts with regard to the lack of liquidity and marketability of the shares; (iv) have delivered or made available a current prospectus and related supplements, if any, to such investor; (v) have reasonable grounds to believe that the investor is purchasing these shares for his or her own account; (vi) have reasonable grounds to believe that the purchase of shares is a suitable investment for such investor, that such investor meets the suitability standards applicable to such investor set forth in the prospectus and related supplements, if any, and that such investor is in a financial position to enable such investor to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto; and (vii) have advised such investor that the shares have not been registered and are not expected to be registered under the laws of any country or jurisdiction outside of the United States except as otherwise described in the prospectus. The undersigned Broker, Financial Advisor or Financial Representative listed in Section 6 further represents and certifies that, in connection with this subscription for shares, he/she has complied with and has followed all applicable policies and procedures of his or her firm relating to, and performed functions required by, federal and state securities laws, rules promulgated under the Securities Exchange Act of 1934, as amended, including, but not limited to Rule 151-1 ("Regulation Best Interest") and FINRA rules and regulations including, but not limited to Know Your Customer, Suitability and PATRIOT Act (Anti Money Laundering, Customer Identification) as required by its relationship with the investor(s) identified on this document.

THIS SUBSCRIPTION AGREEMENT AND ALL RIGHTS HEREUNDER SHALL BE GOVERNED BY, AND INTERPRETED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF DELAWARE.

If you want to receive financial advice regarding a prospective investment in the shares, contact your broker-dealer or other financial intermediary.

Financial Advisor Signature

Date

10 | Submission Instructions & Other Important Information

If investors participating in the Distribution Reinvestment Plan or making subsequent purchases of shares of T. Rowe Price OHA Select Private Credit Fund experience a material adverse change in their financial condition or can no longer make the representations or warranties set forth in Section 8 above, they are asked to promptly notify T. Rowe Price OHA Select Private Credit Fund and the Broker in writing. The Broker may notify T. Rowe Price OHA Select Private Credit Fund if an investor participating in the Distribution Reinvestment Plan can no longer make the representations or warranties set forth in Section 8 above, T. Rowe Price OHA Select Private Credit Fund may rely on such notification to terminate such investor's participation in the Distribution Reinvestment Plan.

No sale of shares may be completed until at least five business days after you receive the final prospectus. Subscribers are encouraged to read the prospectus in its entirety for a complete explanation of an investment in the shares of T. Rowe Price OHA Select Private Credit Fund.

To be accepted, a subscription request must be made with a completed and executed subscription agreement in good order and payment of the full purchase price at least five business days prior to the first calendar day of the month. All items on the Subscription Agreement must be completed in order for your subscription to be processed. You will receive a written confirmation of your purchase.

The Fund and the Managing Dealer will direct any dealers to, upon receipt of any and all checks, drafts, and money orders received from prospective purchasers of shares, transmit same together with a copy of this executed Subscription Agreement or copy of the signature page of such agreement, stating among other things, the name of the purchaser, current address, and the amount of the investment to DST Asset Manager Solutions, Inc. (a) by the end of the next business day following receipt where internal supervisory review is conducted at the same location at which subscription documents and checks are received, or (b) by the end of the second business day following receipt where internal supervisory review is conducted at a different location than which subscription documents and checks are received.

Return the completed Subscription Agreement to:

Custodial accounts, forward subscription agreement to the custodian.

Mail:

For Overnight Mail:
Oak Hill Advisors
430 W 7th Street, Suite 219927
Kansas City, MO 64105-1407

For Regular Mail:
Oak Hill Advisors
PO Box 219927
Kansas City, MO 64121-9927

Fax Number:

1-833-967-4135

Email:

oakhill.ai@dstdsystems.com

Investment Funding Method:

Broker / financial advisor will make payment on your behalf

By wire *(Please wire funds according to the instructions below):*

Name: Oak Hill Advisors for T. Rowe Price OHA Select Private Credit Fund

Bank Name: UMB Bank

ABA: 101000695

Account No.: 9872654692

By mail *(Please attach your check⁴ to this agreement and make payable to Oak Hill Advisors)*

⁴Only personal, same name checks are accepted.

Appendix A | Supporting Document Requirements

T. Please provide the following supporting documentation based on your account type.

Individual

- If a non-U.S. person, Form W-8BEN

Joint

(including JTWR0S, Tenants in Common, Community Property)

- For each non-U.S. Person account holder, Form W-8BEN

IRA

(including ROTH, SEP, Rollover, Inherited)

- None

Trust

- Certificate of Trust or Declaration of Trust
- First and last page of the Trust document
- UBO information for statutory trust or real estate trust
- Appropriate W-8 series form (see <https://www.irs.gov/forms-pubs/about-form-w-8>)

Corporation

(including C Corp., S Corp., LLC)

- Formation documents
- Articles of incorporation

- Authorized signatory list
- Required Customer Data Elements for all authorized traders
- UBO Information
- S & C Corps Only: Corporate Resolution
- Appropriate W-8 series form (see <https://www.irs.gov/forms-pubs/about-form-w-8>)

Partnership

- Partnership Agreement
- Required Customer Data Elements for all authorized traders
- Authorized signatory list
- Appropriate W-8 series form (see <https://www.irs.gov/forms-pubs/about-form-w-8>)

UGMA/UTMA

- Required Customer Data Elements for Custodian and Minor