

Account Transfer (Re-Registration) Form

TRANSFEROR/SELLER SECTION EFFECTIVE AS OF AUGUST 2024

IMPORTANT: Transferor/Seller and Transferee/Buyer Sections must be submitted simultaneously.
To be completed by individual to whom Ares Real Estate Income Trust("Ares Real Estate Income Trust," "AREIT," the "Company," "we," or "us") shares are being transferred/sold.

For more than one transferee/buyer, please print/complete additional copies of Transferee/Buyer Section.



Ares Real Estate Income Trust

1. Transferor/Seller (Indicate the exact name of the registrant and include any custodial information)

- ☐ AREIT – Class T-R Shares
- ☐ AREIT – Class D-R Shares
- ☐ AREIT – Class I-R Shares
- ☐ AREIT – Converted Class I-R Shares
- ☐ AREIT – Class E Shares
- ☐ AREIT – Class S-PR Shares
- ☐ AREIT – Class D-PR Shares
- ☐ AREIT – Class I-PR Shares
- ☐ AREIT – Converted Class I-PR Shares
- ☐ AREIT – Class S-R Shares

Transferor/Seller

Co-Transferor/Seller (if applicable)

Transferor/Seller Social Security/Taxpayer ID #

Co-Transferor/Seller Social Security/Taxpayer ID # (if applicable)

Ares Account #

Custodian/Trustee Tax ID # (if applicable)

Brokerage Account Number (if applicable)

Home Telephone #

E-mail Address

Street Address

City

State

ZIP

If transferring out of a trust account please check appropriate box:

☐ Grantor Trust

☐ Non-Grantor Trust

2. Transferor/Seller Information (check all that apply)

- Reason for Transfer:
- ☐ Re-registration (Change of name, individual to trust, etc.)

☐ Divorce (Include copy of Divorce Decree)

☐ Other (Please specify):

☐ Secondary Market Transfer: \$ Per Share
- ☐ Death (Include copy of Death Certificate)

☐ Gift

☐ Custodian Change
- Date of Death

Transfer Quantity: Number/Percentage of shares to be transferred/sold:

3. Transferor/Seller Signatures

The Transferor/Seller hereby certifies and represents that Transferor/Seller has possession of valid title and all requisite power to assign and transfer such shares and that the assignment and transfer is in accordance with applicable federal and state laws and regulations and further certifies, under penalty of law, that the reason for transfer provided is correct. By signing below, the Transferor/Seller hereby acknowledges the disclosure in Section 12 of this form.

Signature of Transferor/Seller or Trustee

Date

Signature of Co-Transferor/Seller or Trustee, if applicable

Date

Signature of Custodian

Guarantor: Affix Medallion Signature Guarantee here.

A Medallion Signature Guarantee is required for transferor/seller/custodian signature(s). A notary public is not an acceptable guarantor.

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TRANSFeree/BUYER SECTION EFFECTIVE AS OF AUGUST 2024

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4. Type of Ownership (All authorized owners must sign in section 11)

A. Does your account have a custodian or is it held in a brokerage/advisory account?

☐ Yes ☐ No

If yes, please complete the section below and deliver this completed form to your custodian.

Name of Custodian

Account #

B. Please select one type of ownership below

Non-Qualified

- ☐ Individual Ownership
 - ☐ Transfer on Death
Fill out Transfer on Death Form to effect designation.
(Available through your financial professional)
- ☐ Joint Tenants with Rights of Survivorship
 - ☐ Transfer on Death
Fill out Transfer on Death Form to effect designation.
(Available through your financial professional)
- ☐ Tenants in Common
- ☐ Community Property
- ☐ Uniform Gift to Minors Act
- ☐ Plan
Additional documentation required in section 5.
- ☐ Trust
Additional documentation required in section 5.
- ☐ Corporation/Partnership
Additional documentation required in section 5.
- ☐ Other (Specify)

Qualified

- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ Decedent IRA
- Name of Deceased
- ☐ Simplified Employee Pension/Trust (SEP)
- ☐ Other (Specify)

5. Transferee/Buyer

A. Investor Information

(Investor/Trustee/Executor/Authorized Signatory information)

First Name Last Name

Social Security/Taxpayer ID # Date of Birth (MM/DD/YYYY)

Telephone # E-mail Address

Residential Address (no P.O. Box)

Street Address City State Zip

Mailing Address (if different from above)

Street Address City State Zip

Please Indicate Citizenship Status

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

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B. Co-Investor Information
(Co-Investor/Co-Trustee/Co-Authorized Signatory Information, if applicable)

First Name Last Name

Social Security/Taxpayer ID # Date of Birth (MM/DD/YYYY)

Telephone #

Residential Address (no P.O. Box)

Street Address City State Zip

Mailing Address (if different from above)

Street Address City State Zip

Please Indicate Citizenship Status

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

C. Entity Information – Retirement Plan/Trust/Corporation/Partnership/Other
(Trustee(s) and/or Authorized Signatory(s) information MUST be provided in sections 5A and 5B)

Entity Name Entity Tax ID # Date of Trust

Entity Type (Select one – required)

☐ Retirement Plan ☐ LLC (Plan documentation required)
☐ Taxable Trust (First and last pages of the trust document required) ☐ Partnership (Plan documentation required)
☐ Tax-exempt Trust (First and last pages of the trust document required) ☐ Estate (Letter of Testamentary required)
☐ S-Corp (Corporate Resolution required) ☐ Other (Specify)
☐ C-Corp (Corporate Resolution required)

D. Control Person (Required)

List below information regarding a person who possesses significant responsibility for managing the Investor (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner or President):

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification

Instructions:

- The requirements of this Section 5D are independent of those listed in Sections 5A and 5B above.
- Investor must list one person in this Section 5D and in Section 5A above.
- Non-U.S. persons may provide a Social Security Number, an alien identification card number, or any other government-issued document evidencing nationality or residence and bearing a photograph.

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E. 25 Percent Owners (if applicable)

List below information regarding each person (if any), who, directly or indirectly, who through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of Investor:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification

Instructions:

- a. If none, simply strike through or mark the space "N/A."
- b. If more than 2 persons each own 25 percent or more of Investor's equity interest, use additional sheets.
- c. Non-U.S. persons may provide a Social Security Number, an alien identification card number, or any other government-issued document evidencing nationality or residence and bearing a photograph.

6. E-Consent

Instead of receiving paper copies of the prospectus, prospectus supplements, annual reports, proxy statements, tax documents, and other stockholder communications and reports, you may elect to receive electronic delivery of stockholder communications from Ares Real Estate Income Trust. If you would like to consent to electronic delivery, including pursuant to Email, please initial below for this election.

We encourage you to reduce printing and mailing costs and to conserve natural resources by electing to receive electronic delivery of stockholder communications and statement notifications. By consenting below to electronically receive stockholder communications, including your account specific information, you authorize said offering(s) to either (i) Email stockholder communications to you directly or (ii) make them available on our website and notify you by Email when and where such documents are available.

Your consent to electronic delivery will be on an unlimited duration and you will not receive paper copies of these electronic materials unless (i) specifically requested, (ii) you inform us in writing that you revoke your consent, (iii) the delivery of electronic materials is prohibited or (iv) we, in sole discretion, elect to send paper copies of materials.

By consenting to electronic access, you will be responsible for your customary internet service provider charges and may be required to download software in connection with access to these materials.

Initials _____ I consent to electronic delivery

Email Address

If blank, the Email address provided in section 5 will be used.

7. Transfer Information

Transfer Quantity

Number/Percentage of shares to be transferred/bought: _____

Do you already own Shares? ☐ Yes ☐ No

8. Suitability – To be completed by the individuals who are acquiring shares other than by gift or operation of law

I have (i) a net worth (exclusive of home, home furnishings and automobiles) of \$150,000 or more; or (ii) a net worth (exclusive of home, home furnishings and automobiles) of at least \$45,000 AND had during the last tax year, or estimate that I will have during the current tax year, a minimum of \$45,000 annual gross income. I acknowledge that these suitability requirements can be met by me or by the fiduciary acting on my behalf. If the investor is a partnership, limited liability company, or other corporate entity, each equity owner of such entity meets, on an individual basis, these suitability requirements.

Investor Co-Investor
Initials _____ Initials _____

9. Distributions

Non-Custodial Ownership

If you wish to participate in the distribution reinvestment program described in an exhibit to the Company's Annual Report on Form 10-K, as may be amended and included with subsequent filings with the Securities and Exchange Commission (the "SEC"), please contact us to request the Distribution Change Form.

- ☐ I prefer that my distribution be deposited directly into the account listed below. *Please note: ACH applies to bank checking and savings accounts only. A physical check will be sent to the Broker/Dealer for brokerage accounts.*
- ☐ I prefer that my distribution be paid by check and sent to the address in Transferee/Buyer section 5.

Custodial Ownership

If you wish to participate in the distribution reinvestment program, please contact us to request the Distribution Change Form.

- ☐ I prefer that my distribution be sent to my Custodian for deposit into my Custodial account cited in Transferee/Buyer section 4.

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TRANSFeree/BUYER SECTION EFFECTIVE AS OF AUGUST 2024

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Ares Real Estate Income Trust

Name of Financial Institution

Street Address City State ZIP

Name(s) on Account

ABA Number/Bank Account Number Account Number

☐ Checking (Attach a voided check.) ☐ Savings (Attach a voided deposit slip.) ☐ Brokerage

10. Bank Trust Company (“BTC”), Registered Investment Advisor (“RIA”) or Broker/Dealer (“B/D”) – To be completed by the Trust Company Representative of the BTC, the RIA Representative, or the Registered Representative of the B/D, as applicable (each, a “Representative”).

By providing the requested information in Section 10(d), the Representative confirms the applicable representations below.

10(a) BTC: The authorized Representative of the BTC for the Transferee/Buyer confirms by its signature, on behalf of the BTC, that the BTC is (i) a depository institution organized, chartered or holding an authorization certificate under the laws of a state or of the United States, which authorizes the BTC to receive deposits, including a savings, share, certificate or deposit account, and which is regulated, supervised and examined for the protection of depositors by an official or agency of a state or the United States and is insured by the Federal Deposit Insurance Corporation, the Federal Savings and Loan Insurance Corporation or the National Credit Union Share Insurance Fund, or (ii) is a trust company or other institution that is authorized by federal or state law to exercise fiduciary powers of a type a national bank is permitted to exercise under the authority of the United States Office of the Comptroller of the Currency, and is regulated, supervised and examined by an official or agency of a state or the United States. The undersigned Representative confirms by its signature, on behalf of the BTC, that it has reasonable grounds to believe this investment is suitable for the Transferee/Buyer and that it has advised the Transferee/Buyer of all pertinent facts with regard to the liquidity and marketability of the Shares.

10(b) RIA: The authorized Representative of the RIA for the Transferee/Buyer confirms by its signature, on behalf of the RIA, that the RIA is presently registered as an investment adviser under the Investment Advisers Act of 1940, as amended, and has complied with registration or notice filing requirements of the appropriate regulatory agency of each state in which the RIA has clients or is exempt from such registration requirements. The undersigned Representative confirms by its signature, on behalf of the RIA, that it has reasonable grounds to believe this investment is suitable for the Transferee/Buyer and that it has advised the Transferee/Buyer of all pertinent facts with regard to the liquidity and marketability of the Shares.

10(c) B/D: The authorized Representative of the B/D for the Transferee/Buyer confirms by its signature, on behalf of the B/D, that the B/D is a duly licensed B/D and may lawfully offer and sell Shares in the state designated as the state of legal residence of the Transferee/Buyer. The undersigned Representative confirms by its signature, on behalf of the B/D, that it has reasonable grounds to believe this investment is suitable for the Transferee/Buyer and that it has advised the Transferee/Buyer of all pertinent facts with regard to the liquidity and marketability of the Shares.

10(d) Representative Information

Signature of Representative

Name of Representative

Street Address City State ZIP

Home Office Mailing Address

BTC, RIA, or B/D Name Telephone Number

Rep # (if applicable) Representative’s Telephone Number Representative’s E-mail Address

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