Trusted Contact Person (Optional)

Effective as of May 2023



are currently registere	u	E ADE:T	C Cl Cl		ELABEIT DCL CL	
☐ AREIT – T Share Class ☐ AREIT – I Share Class		☐ AREIT – S Share Class ☐ AREIT – E Share Class			☐ AREIT – D Share Class ☐ AREIT – Converted I Share Class	
Investor Name			Co-Investor N	ame		
Investor Social Security/Taxp	payer ID #		Co-Investor S	ocial Security/Taxpa	ıyer ID #	
Investor Date of Birth/Articles of Incorporation (MM/		DD/YY) Co-Investor Date of Birth/		ate of Birth/Articles	/Articles of Incorporation (MM/DD/YY)	
Current Address: Street Address	ress	City		State	ZIP	
Ares Account Number		Current Hom	Current Home Telephone		Current Email Address	
Trusted Contact Perso	n Information					
By choosing to provide informabout your account to that prinformation, health status, or	nation about a trusted co person in the following ci the identity of any legal g	rcumstances: to ac	ddress possible financi	al exploitation, to c	person listed below and disclose informatio onfirm the specifics of your current contac r as otherwise permitted by FINRA Rule 21	
By choosing to provide inform about your account to that p information, health status, or (Financial Exploitation of Spe	nation about a trusted co person in the following ci the identity of any legal g cified Adults).	rcumstances: to ac	ddress possible financi	al exploitation, to c	onfirm the specifics of your current contac	
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3. Return your completed form to:

Regular Mail

Ares Wealth Management Solutions c/o SS&C GIDS, Inc. P.O. Box 219079 Kansas City, MO 64121-9079

Overnight Mail

Ares Wealth Management Solutions c/o SS&C GIDS, Inc. 430 West 7th Street, Suite 21907 Kansas City, MO 64105

Fax

816.374.7420

Not a Deposit | Not FDIC Insured | Not Guaranteed by the Bank | May Lose Value | Not Insured by Any Federal Government Agency

Ares Wealth Management Solutions Contact Information:

Phone: 866.324.REIT (7348) Website: areswms.com Email: WMSoperations@aresmgmt.com