

Return your completed form to:

Mail	Phone	Fax	Email	
Ares Wealth Management Solutions c/o Ares Real Estate Exchange 1200 17th Street, Suite 2900 Denver, CO 80202	720.928.3353	303.845.9849	AREXClientServices@aresmgmt.com	
 What would you like to do? Change Address/Phone/Email (Complete sections 1, Name Change (Complete sections 1, Change/Add Interested Parties (Complete sections 1, Complete sections 1, 6 & 7) 	3, 7 and Email in 2 if applicable) aplete sections 1, 4 $\&$ 7) mplete sections 1, 5 $\&$ 7)	 Please contact Ares Real Estate Exchange Operations additonal information regarding the below requests (do not use this Maintenance Form): Change of Ownership Operating Partnership Redemption Request Add Beneficiaries Redeem Units 		
1. Current Subscriber Informat □ AREIT Operating Partnership LP	AREITOP) Ares Diversified Name:	tion to indicate how sh Real Estate Exchange (ADRI Real Estate Exchange (AIREX	EX)	

Investor Name		Co-Investor Name		
Investor Social Security/Taxpayer ID # Investor Date of Birth/Articles of Incorporation (MM/DD/YY)		Co-Investor Social Security/Taxpayer ID #		
		Co-Investor Date of Birth/Articles of Incorporation (MM/DD/YY)		
Current Address: Street Address	City		State	ZIP
Ares Account Number	Current Ho	ne Telephone	Current Email Add	dress

2. Change Address/Phone/Email

A P.O. Box will not be accepted as a residential address. A rural route, APO or FPO address will be accepted.

New Mailing Address: Street	City	State	ZIP
New Residential Address (if applicable): Street	City	State	ZIP
New Deutime Telenhene	New Evening Telephone	New Email Address	
New Daytime Telephone	New Evening Telephone	New Email Address	



3. Name Change

Print and sign both your former name and new name to verify that they represent one and the same person. In section 8, sign your new name and include a copy of marriage, divorce or court document with the name change.

Former Name (Print)

Signature of Former Name

New Name (Print)

Signature of New Name

4. Change or Add Interested Parties

By identifying the Interested Parties below, you hereby authorize the applicable Fund(s) to send any and all information about the Subscriber's Interests in the Fund(s) to the Interested Parties identified below. This contact information may be updated and communicated to the Fund(s) from time to time.

Please identify below Interested Parties other than your Financial Adviser or Private Wealth Adviser:

Interested Party Name			
Street Address	City	State	ZIP
Telephone		Email Address	

5. Enroll in Electronic 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 programs advised by Ares Commercial Real Estate Management, LLC (ACREM). 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 program(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.

I consent to electronic delivery: Initials _____

Email Address (if blank, the Email address in section 1 or 2 will be used)



6. Registered Representative (RR), Registered Investment Adviser (RIA) or Broker/Dealer (B/D) Change

Former RR/RIA	Former Broker/Dealer Name			
New Registered Representative, Regist	ered Investment Adviser or B	Broker/Dealer		
Name				
Street Address	City	State	ZIP	
Telephone	Email Address			
RR or RIA Number				
Brokerage Account Number (if applicable)	If RIA, Clearing Firm Name			
'. Signatures				
-				

Signature of Investor or TrusteeDateSignature of Co-Investor or Trustee (if applicable)Date

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

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