Distribution Change Form EFFECTIVE OCTOBER 2023

FOR USE WITH CUSTOMERS OF BROKER/DEALERS

This form may be used by shareholders in Ares Strategic Income Fund("ASIF") to participate in ASIF's Distribution Reinvestment Plan (the "DRP"). Throughout this form, references to "prospectus" mean the prospectus in effect and as amended and supplemented through the date this form is executed.



1. Current Subscriber Informa (Please provide information		r shares are registered)		
☐ ASIF – Class S Shares ☐ A	SIF - Class D Shares	☐ ASIF – Class I Shares		
Investor Account Registration				
Investor Social Security/Taxpayer II	D#	Co-Investor Social	Security/Taxpayer ID # (if applicab	le)
Investor Birth Date/Articles of Inco	rporation (MM/DD/YY)			
Ares Account Number * If the co-investor resides at another of		Telephone address to this Distribution Change Form.	Investor Email Address	
2. Distribution Proceeds Chan Non-Custodial Ownership (Please s Only complete the following inform I prefer that my distribution be p I prefer that my distribution be dep Checking (Attach voided che Name of Financial Institution Name(s) on Account	select only one option) ation if you do not wish to aid by check to the addre posited directly into the ch		lease note: ACH applies to bank checkin	g and savings accounts only.
ABA Number/Bank Account Nur ☐ I prefer that my distribution be d		Account Number		
Name of Financial Institution		bi okci age account listed below.		
Street Address		City	State	ZIP
Name(s) on Account Custodial Ownership		Account Number		

☐ I prefer that my distribution be sent to my Custodian for deposit into the Custodial account cited in my shareholder record.

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Co-Investor

Initials

Investor

(a) Initials

3. Distribution Reinvestment Plan

If you wish to enroll in the DRP, check this box: □

Please complete "DRP Suitability" below. In the event that the DRP is not offered for a distribution, your distribution will be sent to your brokerage account or by check to the address noted in your shareholder record.

4. DRP Suitability (Required if enrolling in the DRP)

All Items in this Section 4 must be read and initialed.

Please separately initial each of the representations below. Except in the case of fiduciary accounts, the investor(s) may not grant any person a power of attorney to make the representations on its behalf. The investor(s) hereby represent and warrant to APMF, Ares Capital Management II LLC (the "Adviser") and Ares Wealth Management Solutions, LLC ("AWMS") as follows:

A prospectus describing the offer and sale of shares of common stock under the DRP has been made available to me (us).

b) I am (we are) purchas	for my (our) own acco	ount and acknowledg	ge that the investment is not liquid.	(b) Initials	Initials	
	c) I (we) meet the suitability requirements, including any hiresidency as set forth in the prospectus.			osed by my (our) state of primary	(c) Initials	Initials
5. Subscriber Signatur	res					
least one business day pri	or to a monthly distribution o	late in order for a pa	rticipant's terminati	g a written notice to ASIF. Such notic on to be effective for such month (i.e n the DRP for any prior month).		
Please read the entire DI	RP, which is available in the I	nvestor Relations se	ection of ASIF's webs	site at areswms.com.		
				al condition or can no longer make th ealer/Financial Advisor in writing.	ne representatio	ns and
those specifically require and of no effect. The term	d to complete the Distributions of the offering are set forth	n Change Form. Any in the prospectus ar	additional items add nd cannot be altered	n include only those terms on the Dis ded to the Distribution Change Form by this Distribution Change Form. B from ASIF with respect to my (our) d	by hand or othe sy signing below,	erwise are void I (we) also agree
	on shares involves a high de ctors" in the prospectus for a			securities only if you can afford the	complete loss o	fyour
Signature of Investor or T	rustee	Date Signature of Co-		Co-Investor or Trustee, if applicable	. D	ate
6. Broker Dealer/Brok	ker-Dealer Representa	tive ("Financial <i>A</i>	Advisor") Inform	nation (Required Information	n)	
	st sign below to complete the	•	,		•	
Name of Financial Advisor (FA)		Broker-Dealer Name (B/D)		Telephone Number		
Mailing Address		Home Office	Home Office Mailing Address			
City	State	ZIP	City	State	ZI	P
B/D Rep #	CRD#	FA Telephor	ne Number	FA E-mail Address		
FA Signature		B/D Signatu	re (if applicable)			
Operations Contact (not	required)					

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The Financial Advisor hereby warrants that he/she is duly licensed to sell shares in the state designated as the investor's legal residence. Please note that unless previously agreed to in writing by ASIF, all sales of securities must be made through a Broker-Dealer, including when an registered investment adviser that is a dually registered broker-dealer 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-Dealer with which Financial Advisor is associated, with respect to sales of securities made through a Broker-Dealer 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 U.S. except as otherwise described in the prospectus. The undersigned Broker-Dealer and Financial Advisor understand and agree that they shall be solely responsible for determining if any recommendation to invest in shares is in the best interest of, or suitable for, the investor, as applicable. AWMS has not made any recommendations to the investor and has not, and is not responsible to, evaluate whether or not an investment in the shares is in the best interest of the investor. The undersigned further represents and certifies, on behalf of the Broker-Dealer with which Financial Advisor is associated, that in connection

The undersigned further confirms by its signature, on behalf of the Broker-Dealer with which Financial Advisor is associated that, to the extent the investor identified herein is a plan, plan fiduciary, plan participant or beneficiary, IRA, or IRA owner subject to Title I of the Employee Retirement Income Security Act of 1974, as amended (ERISA) or Section 4975 of the Internal Revenue Code of 1986, as amended (Code): (i) there is no financial interest, ownership interest, or other relationship, agreement, or understanding that would limit its ability to carry out its fiduciary responsibility to such investor beyond the control, direction, or influence of other persons involved in such investor's purchase of shares; (ii) it is capable of evaluating investment risk independently, both in general and with regard to particular transactions and investment strategies; and (iii) it is a fiduciary under ERISA or the Code, or both, with respect to such investor's purchase of shares, and it is responsible for exercising independent judgment in evaluating such investor's purchase of shares.

Please be aware that ASIF, the Adviser, the AWMS and their respective officers, directors, employees and affiliates are not undertaking to provide impartial investment advice or to give advice in a fiduciary capacity in connection with ASIF's public offering or the purchase of ASIF's common shares and that the Adviser and the AWMS have financial interests associated with the purchase of ASIF's common shares, as described in the prospectus, including fees, expense reimbursements and other payments they anticipate receiving from ASIF in connection with the purchase of the shares.

Please mail this completed form to:

Direct Overnight Mail: Ares Strategic Income Fund c/o SS&C GIDS, Inc. 430 W. 7th Street, Suite 219079 Kansas City, MO 64105 P.O. Box: Ares Wealth Management Solutions c/o SS&C GIDS, Inc. P.O. Box 219079 Kansas City, MO 64121-9079

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: 866.324.7348 Website: areswms.com Email: WMSoperations@aresmgmt.com

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