

Maintenance Form

Effective as of May 2023



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

Direct Overnight Mail

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

Phone

866.324.7348

Fax

816.374.7420

What would you like to do?

- ☐ Change Address/Phone/Email (Complete sections 1, 2 & 7)
- ☐ Name Change (Complete sections 1, 3, 7 and Email in 2 if applicable)
- ☐ Change/Add Interested Parties (Complete sections 1, 4 & 7)
- ☐ Paperless/Electronic Documents (Complete sections 1, 5 & 7)
- ☐ Update Registered Representative/RIA/Broker/Dealer (Complete sections 1, 6 & 7)

The following documents must be mailed and not faxed.

- ☐ Resigning Custodian Registration (Complete sections 1, 7, 8 & 9)
- ☐ New Custodian Registration (Complete sections 1, 7 & 9)

Forms required to make the following changes (do not use this Maintenance Form):

Change of Ownership:

Transfer Form

Beneficiary Designation:

Transfer on Death Form (Individual and Joint Tenant WROS accounts only)

Redemption Request:

Redemption Form

Participate in or Terminate Dividend Reinvestment Plan:

Distribution Change Form

1. Current Subscriber Information – Please provide information to indicate how shares are currently registered

- ☐ Ares Real Estate Income Trust (AREIT)
- ☐ Ares Industrial Real Estate Income Trust (AIREIT)
- ☐ Ares Private Markets Fund (APMF)
- ☐ Ares Strategic Income Fund (ASIF)

Investor Name

Co-Investor Name (if applicable)

Ares Wealth Management Solutions Account Number

Brokerage/Advisory Account Number (if applicable)

Investor Social Security/Taxpayer ID #

Co-Investor Social Security/Taxpayer ID #

Investor Date of Birth/Articles of Incorporation (MM/DD/YY)

Co-Investor Date of Birth/Articles of Incorporation (MM/DD/YY) (if applicable)

Current Address: Street Address

City

State

ZIP

Current Home Telephone

Current Email Address

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 Daytime Telephone

New Evening Telephone

New Email Address

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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)

New Name (Print)

Signature of Former Name

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 Advisor or Private Wealth Advisor:

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 sponsored by Ares Wealth Management Solutions. 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 _____

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

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

Former RR/RIA

Former Broker/Dealer or RIA Name

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New Registered Representative, Registered Investment Advisor or Broker Dealer

New RR/RIA _____ New Broker/Dealer or RIA Name _____

Street Address _____ City _____ State _____ ZIP _____

Telephone _____ Email Address _____

RR or RIA Number _____

Brokerage/Advisory Account Number (if applicable) _____ If RIA, Clearing Firm Name _____

- For non-custodial accounts. If changing Broker/Dealer, please complete a product-specific Distribution Change Form if your distributions currently are being paid to your former Broker/Dealer.
- If you wish to participate in the Distribution Reinvestment Plan please complete a product-specific Distribution Change Form.

If you only completed information in sections 1-6, this form can be faxed to 816.374.7420 after signing in section 7 below.

7. Signatures

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

8. Resigning Custodian Registration Information

Investor Registration _____

Name of Resigning Custodian (Assignor) _____

Custodian Account # _____ Custodian Social Security/Tax ID # _____ Investor Social Security/Tax ID # _____

Number of Units/Shares _____

The Assignor hereby assigns the Assignee 100% of the Assignor's right, title and interest in the product selected in section 1. This hereby constitutes and appoints the said General Partner(s)/Company to transfer the above-referenced assets/interests on the books of record with full power of substitution in the premises.

Signature — Authorized Custodian _____ Date _____

A Medallion Signature Guarantee is required for assignor signature.
A notary public is not an acceptable guarantor.

Guarantor: Affix Medallion Signature Guarantee here.



9. New Custodian Registration Information

Name of New Custodian (Assignee)

Custodian Address City State ZIP

Custodian Taxpayer ID # Custodian Account Number

Signature — New Authorized Custodian Date

A Medallion Signature Guarantee is required for assignor signature.
A notary public is not an acceptable guarantor.

Guarantor: Affix Medallion Signature Guarantee here.

If sections 8-9 are completed, this form must be mailed to one of the addresses below. Faxes are not accepted if sections 8-9 are completed.

You may mail this completed form to:

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

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