

Maintenance Form

Effective as of May 2025



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.
801 Pennsylvania Ave Ste 219079
Kansas City, MO 64105

Phone

866.324.7348

Fax

816.374.7420

What would you like to do?

- ☐ Change Address/Phone/E-mail (Complete Sections 1, 2 & 7)
- ☐ Name Change (Complete Sections 1, 3, 7 and E-mail in 2 if applicable)
- ☐ Change/Add Interested Parties (Complete Sections 1, 4 & 7)
- ☐ Enroll in 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 Participation in Distribution:

Distribution Change Form (*please contact us to request form*)

1. Current Subscriber Information

Please check the applicable box(es) to indicate the investment vehicle(s) (the "Company") in which you own shares of common stock or beneficial interest, as applicable ("Shares") and provide the information requested to indicate how your Shares are currently registered.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Ares Real Estate Income Trust Inc. ("AREIT") | <input type="checkbox"/> Ares Industrial Real Estate Income Trust Inc ("AIREIT") | <input type="checkbox"/> Ares Private Markets Fund ("APMF") | <input type="checkbox"/> Ares Strategic Income Fund ("ASIF") |
| <input type="checkbox"/> Ares Core Infrastructure Fund ("ACI") | <input type="checkbox"/> Ares Sports, Media and Entertainment Opportunities LP ("Ares SME Opps") | <input type="checkbox"/> Ares SME O TE LP ("Ares SME Opps") | |

Investor Name

Co-Investor Name (if applicable)

Ares Account Number

Brokerage/Advisory Account Number (if applicable)

Investor Social Security/Taxpayer ID #

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

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 E-mail Address

2. Change Address/Phone/E-mail

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 E-mail 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 7, 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 each applicable Company to send any and all information about your Shares to the Interested Parties identified below. This contact information may be updated and communicated to the applicable Company 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

E-mail Address

5. Enroll in Electronic Consent

Instead of receiving paper copies of each applicable Company's offering documents (if any) and any exhibits or supplements thereto, annual reports, proxy statements, tax documents, and other stockholder communications and reports, you may elect to receive electronic delivery of stockholder communications from each applicable Company. If you would like to consent to electronic delivery, including pursuant to e-mail, please initial below for this election.

You are encouraged 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 Company to either (i) e-mail stockholder communications to you directly or (ii) make them available on our website and notify you by e-mail 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 the applicable Company in writing that you revoke your consent, (iii) the delivery of electronic materials is prohibited or (iv) the applicable Company, in its 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.

E-mail Address (if blank, the e-mail address in Section 1 or 2 will be used)

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

Former RR/RIA

Former B/D or RIA Name

New RR, RIA or B/D

New RR/RIA

New B/D or RIA Name

Street Address

City

State

ZIP

Telephone

E-mail Address

RR or RIA Number

Brokerage/Advisory Account Number (if applicable)

If RIA, Clearing Firm Name

- For non-custodial accounts: If changing B/D, please complete each applicable Company's Distribution Change Form if your distributions currently are being paid to your former B/D.
- If you wish to make a change regarding how your distributions are processed, please complete the applicable Company's 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 (the "Assignor")

Custodian Account #

Custodian Social Security/Tax ID #

Investor Social Security/Tax ID #

Number of Units/Shares

The Assignor hereby assigns the Assignee (as defined in Section 9) 100% of the Assignor's right, title and interest in the Shares selected in Section 1. This hereby constitutes the authorization of the applicable Company to transfer the above-referenced Shares 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's signature.
A notary public is not an acceptable guarantor.

Guarantor: Affix Medallion Signature Guarantee here.



9. New Custodian Registration Information

Name of New Custodian (the "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's 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., 801 Pennsylvania Ave Ste 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