

# Distribution Change Form

EFFECTIVE OCTOBER 2023

FOR USE WITH CUSTOMERS OF BROKER/DEALERS

This form may be used by shareholders in Ares Private Markets Fund ("APMF") to participate in APMF'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.



Ares Private Markets Fund

## 1. Current Subscriber Information

(Please provide information to indicate how your shares are registered)

APMF – Class A Shares     APMF – Class D Shares     APMF – Class I Shares

Investor Account Registration

Investor Social Security/Taxpayer ID #

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

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

Ares Account Number

Home Telephone

Investor Email Address

*\* If the co-investor resides at another address, please attach that address to this Distribution Change Form.*

## 2. Distribution Proceeds Change

**Non-Custodial Ownership** (Please select only one option)

Only complete the following information if you do not wish to enroll in the DRP.

- I prefer that my distribution be paid by check to the address noted in my shareholder record.
- I prefer that my distribution be deposited directly into the checking or savings account listed below. *Please note: ACH applies to bank checking and savings accounts only.*
- Checking (Attach voided check.)     Savings (Attach voided deposit slip.)

Name of Financial Institution

Name(s) on Account

ABA Number/Bank Account Number

Account Number

- I prefer that my distribution be deposited directly into my brokerage account listed below.

Name of Financial Institution

Street Address

City

State

ZIP

Name(s) on Account

Account Number

**Custodial Ownership**

- 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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## 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 DRP)

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

All Items in this Section 4 must be read and initialed

- |   | Investor          | Co-Investor   |
|---|-------------------|---------------|
| a) A prospectus describing the offer and sale of shares of common stock under the DRP has been made available to me (us).   | (a) Initials ____ | Initials ____ |
| b) I am (we are) purchasing the shares under the DRP for my (our) own account and acknowledge that the investment is not liquid.  | (b) Initials ____ | Initials ____ |
| c) I am an (we are) accredited investor(s), as defined in Section 501(a) of Regulation D under the Securities Act of 1933, as amended, and a qualified client(s), as defined in Rule 205-3 under the Investment Advisers Act of 1940, as amended. | (c) Initials ____ | Initials ____ |

## 5. Subscriber Signatures

A participant may terminate participation in the DRP at any time, without penalty, by delivering a written notice to APMF. Such notice must be received by APMF at least one business day prior to a monthly distribution date in order for a participant's termination to be effective for such month (i.e., a termination notice will be effective as of the last day of the month in which it is received and will not affect participation in the DRP for any prior month).

Please read the entire DRP, which is filed with the Securities and Exchange Commission.

Participants in the DRP agree that if they experience a material adverse change in their financial condition or can no longer make the representations and warranties set forth in this form, they are required to promptly notify APMF and their Broker-Dealer/Financial Advisor in writing.

By signing below, I (we) acknowledge and agree that the terms of this Distribution Change Form include only those terms on the Distribution Change Form and those specifically required to complete the Distribution Change Form. Any additional items added to the Distribution Change Form by hand or otherwise are void and of no effect. The terms of the offering are set forth in the prospectus and cannot be altered by this Distribution Change Form. By signing below, I (we) also agree and acknowledge that I (we) have not received any recommendation, guidance or other advice from APMF with respect to my (our) determination to participate in the DRP.

Investing in APMF's shares involves a high degree of risk. You should purchase these securities only if you can afford the complete loss of your investment. See "Risks" in the prospectus for additional information.

\_\_\_\_\_  
Signature of Investor or Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Investor or Trustee, if applicable

\_\_\_\_\_  
Date

## 6. Broker Dealer/Broker-Dealer Representative ("Financial Advisor") Information (Required Information)

The Financial Advisor must sign below to complete the order.

\_\_\_\_\_  
Name of Financial Advisor (FA)

\_\_\_\_\_  
Broker-Dealer Name (B/D)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home Office Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
B/D Rep #

\_\_\_\_\_  
CRD#

\_\_\_\_\_  
FA Telephone Number

\_\_\_\_\_  
FA E-mail Address

\_\_\_\_\_  
FA Signature

\_\_\_\_\_  
B/D Signature (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 APMF, all sales of securities must be made through a Broker-Dealer, including when a 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 with this enrollment form, he or she has complied with and has followed all applicable policies and procedures under his or her firm's existing Anti-Money Laundering Program and Customer Identification Program.

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 APMF, the Adviser, 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 APMF's public offering or the purchase of APMF's shares and that the Adviser and AWMS have financial interests associated with the purchase of APMF's shares, as described in the prospectus, including fees, expense reimbursements and other payments they anticipate receiving from APMF in connection with the purchase of the shares.

**Please mail this completed form to:**

**Direct Overnight Mail:**  
Ares Private Markets 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](http://areswms.com)

**Email:** [WMSoperations@aresmgmt.com](mailto:WMSoperations@aresmgmt.com)