

Account Transfer (Re-Registration) Form

EFFECTIVE OCTOBER 2023

IMPORTANT: Transferor/Seller and Transferee/Buyer Sections must be submitted simultaneously.
To be completed by individual transferring/selling Ares Strategic Income Fund ("ASIF") shares. Throughout this form, references to "Prospectus" mean the prospectus in effect and as amended and supplemented through the date this form is executed.



Ares Strategic Income Fund

1. Transferor/Seller (Indicate the exact name of the transferor/seller and include any custodial information)

Class S Shares Class D Shares Class I Shares

Transferor/Seller _____ Co-Transferor/Seller _____

Transferor/Seller Social Security/Taxpayer ID # _____ Co-Transferor/Seller Social Security/Taxpayer ID # _____

Ares Account # _____ Custodian/Trustee Tax ID #, if applicable _____

Brokerage Account Number, if applicable _____ Home Telephone _____ Email Address _____

Street Address _____ City _____ State _____ ZIP _____

If transferring out of a trust account please check appropriate box: Grantor Trust Non-Grantor Trust

2. Transferor/Seller Information (check all that apply)

Reason for Transfer: Re-registration (Change of name, individual to trust, etc.) but otherwise no change to the ultimate beneficial owner of the shares) Death (Include copy of Death Certificate) _____ Date of Death _____

Divorce (Include copy of Divorce Decree) Gift Custodian Change

Other (Please specify): _____

Secondary Market Transfer: \$ _____

Transfer Quantity: Number/Percentage of shares to be transferred/sold: _____

3. Transferor/Seller Signatures

The Transferor/Seller hereby certifies and represents that Transferor/Seller has possession of valid title and all requisite power to assign and transfer such shares and that the assignment and transfer is in accordance with applicable federal and state laws and regulations and further certifies, under penalty of law, that the reason for transfer provided is correct. By signing below, the Transferor/Seller hereby acknowledges the disclosure in Section 9 of this form.

Signature of Transferor/Seller or Trustee _____ Date _____

Signature of Co-Transferor/Seller or Trustee, if applicable _____ Date _____

Signature of Custodian _____

Guarantor: Affix Medallion Signature Guarantee here.

A Medallion Signature Guarantee is required for transferor/seller/custodian signature(s). A notary public is not an acceptable guarantor.

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4. Transferee/Buyer Information (All authorized owners must sign in Section 9)

A. Type of Ownership

Does your account have a custodian or are your shares held in a brokerage/advisory account?

Yes No

If yes, please complete the section below and deliver a completed account transfer form to your custodian.

Name of Custodian

Account #

Please select one type of ownership below

Non-Qualified

- Individual Ownership
 - Transfer on Death
Fill out Transfer on Death Form to effect designation.
(Available through your financial professional)
- Tenants in Common
 - Transfer on Death
Fill out Transfer on Death Form to effect designation.
(Available through your financial professional)
- Joint Tenants with Rights of Survivorship
- Community Property
- Uniform Gift to Minors Act
- Plan
Additional documentation required in Section 4.
- Trust
Additional documentation required in Section 4.
- Corporation/Partnership
Additional documentation required in Section 4.
- Other (Specify)

Qualified

- Traditional IRA
- Roth IRA
- Decedent IRA
- _____
Name of Deceased
- Simplified Employee Pension/Trust (SEP)
- Other (Specify)

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B. Investor Information

(Individual Investor/Trustee/Executor/Authorized Signatory information)

First Name Last Name

Social Security/Taxpayer ID # Date of Birth (MM/DD/YYYY)

Telephone # Email Address

Residential Address (no P.O. Box)

Street Address City State Zip

Mailing Address (if different from above)

Street Address City State Zip

Please Indicate Citizenship Status

U.S. Citizen Resident Alien Non-Resident Alien

C. Co-Investor Information

(Individual Co-Investor/Co-Trustee/Co-Authorized Signatory Information, if applicable)

First Name Last Name

Social Security/Taxpayer ID # Date of Birth (MM/DD/YYYY)

Telephone #

Residential Address (no P.O. Box)

Street Address City State Zip

Mailing Address (if different from above)

Street Address City State Zip

Please Indicate Citizenship Status

U.S. Citizen Resident Alien Non-Resident Alien

D. Entity Information – Retirement Plan/Trust/Corporation/Partnership/Other

(Trustee(s) and/or Authorized Signatory(s) information MUST be provided in Sections 4B and 4C)

Entity Name Entity Tax ID # Date of Trust

Entity Type (Select one – required)

- | | |
|---|--|
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> LLC (Plan documentation required) |
| <input type="checkbox"/> Taxable Trust (First and last pages of the trust document required) | <input type="checkbox"/> Partnership (Plan documentation required) |
| <input type="checkbox"/> Tax-exempt Trust (First and last pages of the trust document required) | <input type="checkbox"/> Estate (Letter of Testamentary required) |
| <input type="checkbox"/> S-Corp (Corporate Resolution required) | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> C-Corp (Corporate Resolution required) | |

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5. E-Consent

Instead of receiving paper copies of the Prospectus, prospectus supplements, annual reports, proxy statements, tax documents, and other shareholder communications and reports, you may elect to receive electronic delivery of shareholder communications from ASIF. If you would like to consent to electronic delivery, including pursuant to email, please initial below for this election.

ASIF encourages you to reduce printing and mailing costs and to conserve natural resources by electing to receive electronic delivery of shareholder communications and statement notifications. By consenting below to electronically receive shareholder communications, including your account-specific information, you authorize ASIF to either (i) email shareholder communications to you directly or (ii) make them available on ASIF's 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 ASIF in writing that you revoke your consent, (iii) the delivery of electronic materials is prohibited or (iv) ASIF, in its sole discretion, elects to send paper copies of the materials.

By consenting to electronic access, you will be responsible for certain costs, such as your customary internet service provider charges and may be required to download software in connection with access to these materials. You understand that there are possible risks associated with electronic delivery such as emails not transmitting, links failing to function properly and system failure of online service providers, and that there is no warranty or guarantee given concerning the transmissions of email, the availability of the website, or information on it, other than as required by law. You agree to promptly notify ASIF of any change in your email address. You agree that ASIF's sending of the notice or email will constitute good and effective delivery of the information to you, regardless of whether you actually access the website containing the information or open the email and/or attachments. The documents and other information delivered electronically may be formatted in Adobe Acrobat's portable document format ("PDF"), hypertext mark-up language or other file formats ASIF deems appropriate. In order to view or print documents provided in PDF format, you will have to obtain the Adobe Acrobat Reader, which is available free of charge at Adobe's website (located at www.adobe.com), and install it on your computer. You are responsible for having any necessary hardware, software or other technology to access the information sent electronically, including a printer or other device to download and save any information that you may wish to retain.

Initials _____ I consent to electronic delivery.

Email Address

If blank, the email address provided in Section 4 will be used.

6. Transfer Information

Transfer Quantity

Number/Percentage of shares to be transferred/bought: _____ Purchase Price (to the extent applicable): _____

Do you already own ASIF shares? Yes No

7. Distributions

Only complete the following information if you do not wish to enroll in the Distribution Reinvestment Plan.

Non-Custodial Ownership

- I prefer that my distribution be deposited directly into the account listed below. *Please note: ACH applies to bank checking and savings accounts only. A physical check will be sent to the Broker-Dealer for brokerage accounts.*

I prefer that my distribution be paid by check and sent to the address in Section 4.

Custodial Ownership

- I prefer that my distribution be sent to my Custodian for deposit into my Custodial account cited in Transferee/Buyer Section 4.

If you wish to enroll in the Distribution Reinvestment Plan, check this box:

If you wish to enroll in the Distribution Reinvestment Plan, please complete the information below. If you do not make an election, then your distributions will be paid in cash to your custodian OR address of record.

I authorize ASIF or its agent to deposit my distribution into my checking or savings account. This authority will remain in force until I notify ASIF in writing to cancel it. If ASIF deposits funds erroneously into my account, it is authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

Name of Financial Institution

Street Address

City

State

ZIP

Name(s) on Account

ABA Number/Bank Account Number

Account Number

Checking (Attach a voided check.) Savings (Attach a voided deposit slip.) Brokerage

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8. 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 Email Address		
FA Signature						B/D Signature (if applicable)					

Operations Contact (not required)

The Financial Advisor hereby warrants that he/she is duly licensed to sell shares in the state designated as the transferee's/buyer'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 a registered investment adviser that is a dually registered Broker-Dealer has introduced the sale. In all cases, Section 8 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 transferee/buyer identified herein are true, correct and complete in all respects; (ii) have discussed such transferee's/buyer's prospective purchase of shares with such transferee/buyer; (iii) have advised such transferee/buyer 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 transferee/buyer; (v) have reasonable grounds to believe that the transferee/buyer 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 transferee/buyer, that such transferee/buyer meets the suitability standards applicable to such transferee/buyer set forth in the Prospectus and related supplements, if any, and that such transferee/buyer is in a financial position to enable such transferee/buyer to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto; and (vii) have advised such transferee/buyer 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 United States 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 transferee/buyer, as applicable. Ares Wealth Management Solutions, LLC ("AWMS") has not made any recommendations to the transferee/buyer and has not, and is not responsible to, evaluate whether or not an investment in the shares is in the best interest of the transferee/buyer. The undersigned Broker-Dealer and Financial Advisor listed in Section 8 further represent and certify that, in connection with this subscription for shares, they have complied with and have followed all applicable policies and procedures of their firm relating to, and performed functions required by, federal and state securities laws, rules promulgated under the Securities Exchange Act of 1934, as amended, including, but not limited to, Rule 15l-1 and Financial Industry Regulatory Authority, Inc. ("FINRA") rules and regulations including, but not limited to Know Your Customer, Suitability and, any anti-money laundering requirements under the Bank Secrecy Act and its implementing regulations (e.g., Customer Identification Program, AML Rules) as required by its relationship with the transferee(s)/buyer(s) identified on this document. The undersigned Broker-Dealer and Financial Advisor acknowledge that the transferee/buyer who purchases shares through the Broker-Dealer and Financial Advisor firm are "customers" of Broker-Dealer or Financial Advisor's firm as applicable and not of AWMS, a broker-dealer affiliate of the Adviser. The Broker-Dealer hereby represents that it has adopted, implemented, and will maintain a written anti-money laundering compliance program ("AML Program") including, without limitation, anti-money laundering policies and procedures relating to the Customer Identification Program and the AML Rules. In addition, the Broker-Dealer agrees that it has policies and procedures in place to check the names of new customers against government watch lists, including the U.S. Treasury Department Office of Foreign Asset Control list of Specially Designated Nationals and Blocked Persons. The Broker-Dealer further understands that, while AWMS is required to establish and implement its own AML Program in accordance with the AML Rules, the Broker-Dealer is not relying on AWMS's AML Program for any purposes. The Broker-Dealer agrees to notify ASIF immediately if the firm is subject to a Securities and Exchange Commission ("SEC") or FINRA disclosure event or a fine from the SEC related to its AML Program.

The Broker-Dealer and Financial Advisor agree to comply with all applicable rules, regulations and guidelines issued by the SEC, FINRA and, to the extent applicable, any individual state securities administrators, as well as any other applicable laws or regulations pertaining to the delivery of the Prospectus any other ASIF documentation and signature of this account transfer form, including any electronic delivery and signature requirements that may apply. To the extent applicable with respect to the transferee's/buyer's investment in the shares, the Broker-Dealer and/or Financial Advisor's firm will comply with all of the applicable requirements set forth in the North American Securities Administrators Association, Inc. Statement of Policy Regarding Use of Electronic Offering Documents and Electronic Signatures, as may be amended from time to time (the "Statement of Policy"). The Broker-Dealer will comply with such requirements in every U.S. jurisdiction irrespective of whether the jurisdiction has adopted the Statement of Policy. The Broker-Dealer acknowledges that it is acting as an agent of the ASIF only with respect to the delivery of the Prospectus and any other ASIF documentation electronically, the administration of the subscription process and obtainment of electronic signatures and only to the extent its firm's actions are in compliance with the Statement of Policy and this account transfer form. The Broker-Dealer will comply, as applicable, with the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, to the extent applicable, as adopted in each applicable jurisdiction and any other applicable laws including but not limited to applicable SEC guidance regarding the electronic delivery of materials under the federal securities laws.

THIS ACCOUNT TRANSFER FORM AND ALL RIGHTS HEREUNDER SHALL BE GOVERNED BY, AND INTERPRETED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF DELAWARE.

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9. Transferee/Buyer Signatures

ASIF is required by law to obtain, verify and record certain personal information from the Transferee/Buyer or persons on the Transferee's/Buyer's behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and social security/taxpayer identification number. ASIF may also ask to see other identifying documents. By signing the account transfer form, the Transferee/Buyer agrees to provide this information and confirm that this information is true and correct. If ASIF is unable to verify the Transferee's/Buyer's identity, or that of another person(s) authorized to act on the Transferee's/Buyer's behalf, or if ASIF believes it has identified potentially criminal activity, ASIF reserves the right to take action as it deems appropriate which may include closing the Transferee's/Buyer's account.

Except in the case of fiduciary accounts, the Transferee/Buyer may not grant any person a power of attorney to make the representations on its behalf. In order to induce ASIF to accept this transfer, the Transferee/Buyer hereby represents and warrants to ASIF, Ares Capital Management LLC (the "Adviser") and AWMS as follows:

Suitability

I meet the suitability requirements imposed by my state of primary residence as set forth in the Prospectus under "Suitability Standards."

Substitute IRS Form W-9 Certifications (required for U.S. investors)

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen or other U.S. Person (including resident alien).
4. I am exempt from FATCA reporting.

Note: Cross out number 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

Investing in ASIF's common shares involves a high degree of risk. You should purchase these securities only if you can afford the complete loss of your investment. See "Risk Factors" in ASIF's Prospectus for additional information. Also consider the following:

- ASIF has a limited operating history and there is no assurance that ASIF will achieve its investment objective.
- ASIF has not identified specific investments that it will make with the proceeds of this offering. As a result, this may be deemed a "blind pool" offering and you will not have the opportunity to evaluate ASIF's investments before it makes them.
- You should not expect to be able to sell your common shares regardless of how ASIF performs.
- You should consider that you may not have access to the money you invest for an extended period of time.
- ASIF does not intend to list its common shares on any securities exchange, and ASIF does not expect a secondary market in its common shares to develop prior to any listing.
- Because you may be unable to sell your common shares, you will be unable to reduce your exposure in any market downturn.
- At the discretion of ASIF's Board of Trustees ("Board") and beginning no later than the first full calendar quarter after ASIF holds the first closing in the offering of common shares pursuant to ASIF's registration statement, ASIF intends to commence a share repurchase program in which ASIF intends to offer to repurchase up to 5% of its common shares outstanding (either by number of shares or aggregate NAV) in each quarter. In addition, to the extent ASIF offers to repurchase shares in any particular quarter, any such repurchases will be at prices equal to the NAV per share as of the last calendar day of the applicable month designated by the Board, except that ASIF deducts 2.00% from such NAV for shares that have not been outstanding for at least one year. Such share repurchase prices may be lower than the price at which you purchase ASIF's common shares in this offering. You should not expect to be able to sell your common shares regardless of how ASIF performs.
- You will bear varying expenses of ASIF, including organization and ongoing offering expenses, unless otherwise advanced by the Adviser and not repaid by ASIF pursuant to the terms and conditions of the Expense Support and Conditional Reimbursement Agreement. These expenses, which are liabilities of ASIF, will reduce the NAV of common shares and you will have to receive a total return at least in excess of those expenses to receive an actual return on your investment. You will also bear upfront placement fees or brokerage commissions, depending on the class of common shares you purchase and the selling agent through whom you purchase such common shares.
- An investment in ASIF's common shares is not suitable for you if you need access to the money you invest.
- An investment in ASIF's common shares is suitable only for investors with the financial ability and willingness to accept the high risks and lack of liquidity inherent in an investment in ASIF's common shares.
- ASIF cannot guarantee that it will make distributions, and if ASIF does it may fund such distributions from sources other than cash flow from operations, including, without limitation, the sale of assets, borrowings, return of capital or offering proceeds, and ASIF has no limits on the amounts it may pay from such sources. A return of capital is a return of a portion of your original investment in ASIF's common shares.
- Distributions may also be funded in significant part, directly or indirectly, from temporary waivers or expense reimbursements borne by the Adviser or its affiliates made pursuant to ASIF's Expense Support and Conditional Reimbursement Agreement that may be subject to reimbursement by ASIF to the Adviser or its affiliates. The repayment of any amounts owed to the Adviser or ASIF's affiliates will reduce future distributions to which you would otherwise be entitled.
- ASIF expects to use leverage, which will magnify the potential for loss on amounts invested in us.
- ASIF qualifies as an "emerging growth company" as defined in the Jumpstart Our Business Startups Act and it cannot be certain if the reduced disclosure requirements applicable to emerging growth companies will make ASIF's common shares less attractive to investors.
- ASIF invests in securities that are rated below investment grade by rating agencies or that would be rated below investment grade if they were rated. Bonds that are rated below investment grade are sometimes referred to as "high yield bonds" or "junk bonds." These unrated and below investment grade securities have predominantly speculative characteristics with respect to the issuer's capacity to pay interest and repay principal. They may also be illiquid and difficult to value. ASIF intends to invest significantly in junk bonds.

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If this is an individual retirement account, the custodian or trustee of the account is also required to execute this Application below:

Signature of Investor, Trustee or Custodian

Date

Signature of Co-Investor, Trustee or Custodian (If applicable)

Date

Printed name(s) of Authorized Signer(s) (for verification purposes)

(Must be signed by custodian or trustee if plan is administered by a third party)

Investor Name

10. Notice to Transferor/Seller and Transferee/Buyer

Please be aware that ASIF, 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 any transaction in ASIF's common shares.

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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 64121-0979

Guarantor:
Affix Medallion Signature Guarantee here.

A Medallion Signature Guarantee is required for transferor/seller/custodian signature(s). A notary public is not an acceptable guarantor.

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