

Distribution Change Form

Effective as of August 2024

This form may be used by any current investor in an investment vehicle (each, a "Company" and collectively, the "Companies") to receive distributions from Ares Wealth Management Solutions, LLC ("AWMS") by ACH direct deposit or by check.



1. Current Subscriber Information – Please check the applicable box(es) to indicate the Company or Companies 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.

- Ares Real Estate Income Trust Inc. ("AREIT") Ares Industrial Real Estate Income Trust Inc. ("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 # (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 Email Address		

2. Distributions

Custodial Ownership

- I prefer that my distribution be sent to my custodian for deposit into the custodial account cited in my shareholder record.

Non-Custodial Ownership

- I prefer that my distribution be paid by check to the address noted in my shareholder record.
 I prefer that my distribution be mailed to the alternate address listed below.

Street Address	City	State	ZIP
----------------	------	-------	-----

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

Name of Financial Institution			
Name(s) on Account	Brokerage Account Number, if applicable		
ABA Routing Number	Bank Account Number		
Street Address	City	State	ZIP

3. Subscriber Signatures

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

You may fax this completed form to: 816.374.7420
Please mail this completed form to:

Direct Overnight Mail: Ares Wealth Management Solutions 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