

► **Instructions:** The purpose of this form is to request that your shares (the “Shares”) of Blue Owl Real Estate Net Lease Trust (“ORENT”) be repurchased. This form must be submitted and received in good order during the windows listed below.

Any forms submitted outside these windows will be rejected.

Calendar	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Window Opens at 12:00am ET on:	February 1	May 1	August 1	November 1
Window Closes at 11:59pm ET on:	Third Business Day of March	Third Business Day of June	Third Business Day of September	Third Business Day of December

1 | Investor Information (please complete all fields)

Name of Investor(s) / Entity ORENT Account Number SSN/Tax ID Number

Residential Street Address City State ZIP

2 | Repurchase Request Information

► **Share Class** (select one) Class S Class D Class I

► **Repurchase Amount** (select one):

Repurchase All Shares

Partial Repurchase - Number of Shares:

Partial Repurchase - Dollar Amount \$:

► **Early Purchase Deduction Waiver** (if eligible)*:

Death (provide copy of death certificate)

Disability (provide physician certification form)

**To be eligible, the requested evidence must be submitted within 12 months of the date of death or date of determination of disability.*

3 | Custodian Information (if applicable)

Custodial held accounts must obtain authorization from the Custodian in the Custodian Information section of this form before remitting to the address provided in the Footer. Forms for Custodial held accounts will be rejected if the required authorization is not present in Section 3.

Name of Custodian Custodian Account Number

Authorized Signature

Affix Medallion Signature Guarantee Stamp Here – Custodian

4 | Authorization and Signature of Investors

By signing below, the Investor hereby certifies, represents, and instructs ORENT [he/she/it]:

- to make a cash payment (payable by check or wire transfer) of the Transaction Price for Shares accepted for repurchase by ORENT, without interest thereon and less any applicable withholding taxes, to which the Signatory is entitled in accordance with the payment instructions on file;
- hereby offers for delivery to ORENT the number of Shares indicated in Section 2 above;
- has full power, authority, and capacity to execute this Repurchase Form;
- the information provided above is true and correct; and
- authorizes the custodian of the Shares to execute this Repurchase Request.

The Investor understands that ORENT’s share repurchase plan contains limitations on the number of shares that can be repurchased under the plan during any quarter. In addition to these limitations, ORENT cannot guarantee that it will have sufficient funds to accommodate all repurchase requests made in any applicable repurchase period and may elect to repurchase fewer shares than have been requested in any particular quarter, or none at all. If the number of shares subject to repurchase requests exceeds the then applicable limitations, or if ORENT otherwise does not make all requested repurchases, each shareholder’s request will be reduced on a pro rata basis. If you wish to have the remainder of your initial request repurchased, you must resubmit a new repurchase request for the remaining amount.

Investor or Authorized Person Signature	Date
Joint Investor or Authorized Person Signature	Date