

FORTRESS NET LEASE REIT

REPURCHASE WITHDRAWAL FORM



This Notice of Withdrawal must be received by the Fund or its Transfer Agent, by mail (including electronic mail), by 11:59 p.m., Eastern Time, on **the second to last business day of the month**, unless the Offer is extended. Complete this Notice of Withdrawal and follow the transmittal instructions included herein.

Regular Mail:
Fortress Investment Group
PO Box 219090
Kansas City, MO 64121-9090

For additional information call:
Toll Free: 1-866-966-0155

Electronic Mail:
FNLRR@Fortress.com or FortressAI@SSCInc.com

You are responsible for confirming that this Notice is received timely by SS&C Technologies, Inc., the Fund's transfer agent, or by the Fund (as applicable). To assure good delivery, please send this page to either SS&C Technologies Inc. or the Fund **by 11:59 p.m. Eastern Time on the second to last business day of the month**. If you fail to confirm receipt of this Notice, there can be no assurance that your withdrawal will be honored by the Fund.

Ladies and Gentlemen:

Please withdraw the repurchase request previously submitted by the undersigned.

Date of Repurchase Request:

Investor Name as it appears on Statements:

Account Owners Name:

Account Owner Telephone Number:

Account Owner Email Address:

Financial Intermediary Firm Name:

Financial Advisor Name:

Financial Advisor Telephone Number:

The undersigned represents that the undersigned is the beneficial owner of the shares in the Fund to which this withdrawal request relates, or that the person signing this request is an authorized representative of the withdrawing shareholder.

In the case of joint accounts, each joint holder must sign this withdrawal request. Requests on behalf of a foundation, partnership or any other entity should be accompanied by evidence of the authority of the person(s) signing.

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|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | Print Name of Authorized Signatory (and Title if applicable) | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | Print Name of Authorized Signatory (and Title if applicable) | Date |

Once completed, send to:

Regular Mail: Fortress Investment Group
PO Box 219090
Kansas City, MO 64121-9090

Any questions?

Email: FNLRR@fortress.com
Toll Free: 1-866-966-0155