

Investor Name

Account Maintenance Form



Adams Street Private Equity Navigator Fund LLC

Effective as of February 2026

This form should be used to update the following information included in your completed subscription agreement:

- **Section 1. Subscriber Information or Contact Information**
- **Section 2. Custodian, Broker-Dealer, Broker-Dealer Representative or Registered Investment Adviser ("RIA") Information**
- **Section 3. Distribution Instructions and/or Bank or Brokerage Account Information**

Complete Sections 1 through 3, as applicable. Only complete the Section(s) you wish to update.

You must complete Section 4 (the acknowledgement and signature page) before any updates can take effect. Certain updates may require you to provide to the Fund any additional information that the Fund deems necessary or appropriate before such updates can take effect.

This form must be completed, executed and returned by email to AdamsStreet_RegAlts_INQ@StateStreet.com at least thirty (30) days before the end of the month in which the requested updates will take effect.

Should you need to update any of the other information provided in the subscription agreement, please contact the Fund at:

Phone Number: 844-705-0580

E-mail: AdamsStreet_RegAlts_INQ@StateStreet.com

The following information is required for any account maintenance form updates:

Name of Owner, Trustee or Custodian (as applicable)

Social Security / Taxpayer ID #

Investor Account Number

Investor Name

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Section 1. Subscriber Information or Contact Information

ONLY COMPLETE THE FOLLOWING SECTION IF YOU WISH TO UPDATE THE INFORMATION PROVIDED IN THE SUBSCRIPTION AGREEMENT.

A. Investor Information

(Investor/Trustee/Executor/Authorized Signatory Information)

Residential Address (no P.O. Box)

Street Address	City/Municipality	State/Province/Territory	ZIP/Country & Postal Code
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Mailing Address (if different from above)

Street Address	City/Municipality	State/Province/Territory	ZIP/Country & Postal Code
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B. Co-Investor Information

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

Residential Address (no P.O. Box)

Street Address	City/Municipality	State/Province/Territory	ZIP/Country & Postal Code
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Mailing Address (if different from above)

Street Address	City/Municipality	State/Province/Territory	ZIP/Country & Postal Code
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C. Contact Information (if different than provided in Sub-Sections A and B above, as applicable)

Mailing Address	City/Municipality	State/Province/Territory	ZIP/Country & Postal Code
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Section 2. Custodian, Broker-Dealer, Broker-Dealer Representative or Registered Investment Adviser ("RIA")

ONLY COMPLETE THE FOLLOWING SECTION IF YOU WISH TO UPDATE THE INFORMATION PROVIDED IN THE SUBSCRIPTION AGREEMENT.

Check the following box if you wish to update the information provided in the subscription agreement about your broker-dealer, broker-dealer representative or RIA:

I wish to update the information provided in the subscription agreement about my broker-dealer, broker-dealer representative or RIA.

NOTE: You also must complete Sections 3 and 6 of the subscription agreement with the updated information. Any new broker-dealer, broker-dealer representative or RIA is required to execute Sections 13 and 14 of the subscription agreement as well.

Check the following box if you wish to hold your investment through a new custodian or new brokerage account:

I wish to hold my investment through a new custodian or new brokerage account.

NOTE: You also must complete Sections 3 and 6 of the subscription agreement with the updated information. Any new custodian or trustee is required to execute Section 13 of the subscription agreement as well.

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Section 3. Distribution Instructions and/or Bank or Brokerage Account Information

ONLY COMPLETE THE FOLLOWING SECTION IF YOU WISH TO UPDATE THE INFORMATION PROVIDED IN THE SUBSCRIPTION AGREEMENT.

Complete the following information if you previously opted out of the Dividend Reinvestment Plan, but now wish to enroll:

I wish to enroll in the Dividend Reinvestment Plan.

Complete the following information if you currently are enrolled in the Dividend Reinvestment Plan, but no longer wish to participate and you instead elect to receive cash distributions:

Non-Custodial Ownership

I prefer that my distribution be deposited directly into the account listed in Section 9 of the subscription agreement, as updated.

I prefer that my distribution be paid by check and sent to the address listed in Section 4 of the subscription agreement, as updated.

Custodial Ownership

I prefer that my distribution be sent to my Custodian for deposit into my Custodial account cited in Section 3 of the subscription agreement, as updated.

I authorize the Fund or its agent to deposit my distribution into my checking or savings account. This authority will remain in force until I notify the Fund in writing to cancel it. In the event that the Fund 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/Municipality

State/Province/Territory

ZIP/Country & Postal Code

Name(s) on Account

ABA Numbers/Bank Account Number

Account Number

Checking (Attach a voided check.)

Savings (Attach a voided deposit slip.)

Brokerage

Investor Name

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Section 4. Acknowledgement and Signature

YOU MUST COMPLETE THIS SECTION BEFORE ANY UPDATES CAN TAKE EFFECT.

By signing below, under penalty of perjury, I certify that:

1. The information (if any provided) shown on this account maintenance form is correct and shall be deemed to be part of the subscription agreement.
2. The representations, warranties, agreements, undertakings and acknowledgements made by me in the subscription agreement and, as applicable, in this account maintenance form, were or are made with the intent that they be relied upon by the Fund in determining my suitability as an investor in the Fund, and shall survive my investment.
3. I agree to provide, if requested, any additional information that may reasonably be required to enable the Fund to determine the Fund's compliance with applicable regulatory requirements or tax status. In addition, I undertake to notify the Fund immediately of any change with respect to any of the information or representations made herein or in the subscription agreement and to provide the Fund with such further information as the Fund may reasonably require.
4. I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Fund nor the Fund's transfer agent will be liable for any loss, cost or expense for acting on such instructions.

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

_____ Signature of Owner, Trustee or Custodian	_____ Date
_____ Signature of Joint Owner, Trustee or Custodian (if applicable)	_____ Date
_____ Printed name(s) of Authorized Signer(s) (for verification purposes)	

If the subscriber(s) has purchased the Shares through a registered broker-dealer or investment adviser that has full discretionary authority for the subscriber(s), then the broker, financial advisor or other investor representative is required to execute this account maintenance form below AND attach a complete copy of the documentation evidencing such discretionary authority to this account maintenance form.

_____ Name of Broker/Financial Advisor/RIA/Other Investor Representative	_____ Date
_____ Signature of Broker/Financial Advisor/RIA/Other Investor Representative	