ARTISAN PARTNERS FUNDS



# Education Savings Account Transfer Form

Use this form to transfer Education Savings Account assets to an Artisan Partners Funds Coverdell Education Savings Account from your current custodian. Upon receipt of this form, we will contact your current custodian to arrange the transfer.

Please complete this entire Education Savings Account Transfer Form, sign it and mail it and additional documentation, if applicable, to Artisan Partners Funds. Failure to complete all required sections will result in processing delays. Please retain a copy of the completed form for your records.

We encourage you to consult with your legal counsel and tax advisor in completing this form regarding the tax consequences and tax requirements of transferring Education Savings Account assets.

For Regular Mail Delivery Artisan Partners Funds

P.O. Box 219322 Kansas City, MO 64121-9322 For Overnight Delivery

Artisan Partners Funds 430 W. 7th Street, Suite 219322 Kansas City, MO 64105-1407

Questions? Call 800.344.1770 or visit www.artisanpartners.com

### 1. Information About the Person Who Controls the Current Account (Please type or print clearly)

Mother	☐ Father	$\square$ <b>Guardian</b> (If Guardian, submit proof of guardianship)	Student (If Student, skip Section 2)	
Name (First, Mi	iddle, Last)		Social Security Number	Date of Birth (MM-DD-YYYY)
Street Address	*			
City			State	Zip
Mailing Addre	ss (If different from	Street Address)		
City			State	Zip
Phone			Email	
*You must he a	US resident with a	a US mailing address. If your mailing address is a post office box, you	ı must also provide a US residential address to	invest in Artisan Partners Funds.

Savings Account Application).	avings Account is maintained (as specified in Section 1 of th	ie vii tisavi viartiieis viartas Zaacat
Student's Name (First, Middle, Last)	Social Security Number	Date of Birth (MM-DD-YYYY)
Street Address*		
City	State	Zip
Mailing Address (If different from Street Address)		
City	State	Zip
Phone	Email	

## 3. Artisan Partners Funds Investment

Check one of the following:		
$\hfill\Box$ I am opening a new Artisan Partners Funds Coverdell Educ Account Application.	ation Savings Account and am attaching my cor	mpleted Education Savings
☐ I already own an Artisan Partners Funds Coverdell Education	on Savings Account into which I am making this	transfer:
Account Number		Amount (\$) or Percent (%)
Account Number		Amount (\$) or Percent (%)
As the undersigned, I acknowledge that I have sole responsibil select, as well as the ESA Disclosure Statement and Custodial Act valid transfer to an Education Savings Account are complex and of any such transfer.	greement which I have read carefully before signin	ng. I understand that the requirements for a
Custodian Acceptance		
UMB Bank, n.a. agrees to accept transfer of the above amount for liquidation and transfer of assets as indicated below.	r deposit to the Artisan Partners Funds Coverdell Ed	ducation Savings Account, and requests the
See attached Letter of Acceptance for the signature of an autho	rized officer of the custodial agent.	
Send redemption proceeds by check made payable to: Artisan Partners Funds FBO (SHAREHOLDER'S NAME)	Mail to the following address: Artisan Partners Funds P.O. Box 219322	
,	Kansas City, MO 64121-9322	
List the assets you are transferring to your Artisan Partners Fund the transfer.  A) Account Information	s coverden Education Savings Account. We will co	intact your current custodian to anange
A) Account information		
Owner's Name		Account Number
Name of Mutual Fund, Brokerage Firm or Bank in which your Education	Savings Account is invested	
B) Current Custodian		
Current Custodian's Name		
Mailing Address		
City	State	Zip
C) Transfer Type		
Please transfer assets from the above account to Artisan Parwire or a transfer of shares of Artisan Partners Funds:	tners Funds. The transfer should be by check (N	Made payable to Artisan Partners Funds),
Transfer Assets in Cash		
☐ Liquidate all or ☐ \$or ☐ UMB Bank, n.a., custodian of my Artisan Partners Funds Educ		
OR Transfer in Kind		
My assets currently include Artisan Partners Funds shares to b	pe transferred in kind.	
☐ All or ☐ \$ or ☐		

## 5. Signature of Student, Parent or Guardian (If student is a minor, the parent or guardian must execute this form)

of Internal Revenue Code Section 530 to which asse	ts will be transferred, and further certify to UMB Ba	r Education Savings Account meeting the requirements nk, n.a. that the Education Savings Account from which ng below, I authorize and direct the current Custodian
Signature (Name as it appears in Section 1)		Date (MM-DD-YYYY)
Signature Guarantee if necessary. A Medallion Signature	ure Guarantee may be obtained from a bank, credit ntee. <b>Please note that a Notary Public stamp or s</b> o	ease check with your Custodian and obtain a Medallion union, or brokerage firm (called the guarantor). A notary eal is different from a Medallion Signature Guarantee
Authorized Signature and Stamp		Date (MM-DD-YYYY)
	Stamp	