

Gift or Transfer of Shares Form

Use this form to make a gift or transfer shares to an individual or a non-profit organization. Do not use this form for an IRA account.

To transfer your account, we need to know how it is currently registered. Complete a separate form for each account being transferred.

Please complete this entire Gift or Transfer of Shares 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 gifting or transferring shares. A Medallion Signature Guarantee is necessary to transfer shares.

For Regular Mail Delivery
Artisan Partners Funds
P.O. Box 219322

P.O. Box 219322 Kansas City, MO 64121-9322 Artisan Partners Funds 430 W. 7th Street, Suite 219322 Kansas City, MO 64105-1407

For Overnight Delivery

Questions? Call 800.344.1770 or visit www.artisanpartners.com

1. Account Registration (Please type or print clearly)

Fund Name	Artisan Fund/Account Number		
Registered Owner's Name (First, Middle, Last)	Social Security Number/Tax Identification Nu	umber Date of Birth (MM-DD-YYYY)	
Street Address			
City	State	Zip	
Phone	Email		

2. Transfer Instructions

For d Nove	Assessed Niverberr			
Fund Name	Account Number			
Transfer the amount indicated below: (check one box only)				
☐ Transfer percentage of account:%	(if total account, enter 100%)			
☐ Transfer dollars: \$				
☐ Transfer shares: #				
Transfer to: (check one box only)				
 □ New Artisan Partners Funds account (Please have new owner complete a new account application.) □ Existing account (Shares must be transferred to an account within the same Fund.) 				
Fund Name	Account Number	Amount (\$ or #) or Percent (%)		
Additional Fund Name	Account Number	Amount (\$ or #) or Percent (%)		

3. Reason for Transfer

	of transfer requested and provide de	tails where applicable
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Re-registration	☐ Alternate Valuation Date ² _	(MM-DD-YYYY)
Death (inheritance) Date of Death (MM-DD-YYYY) Required	OR: Alternate Value ² \$	
☐ Gift ¹	Alternate value- \$	(optional)
Date of Gift (MM-DD-YYYY) Required		
☐ Minor has reached the Age of Majority		
If the recipient's existing account or new account will use t valued at fair market value of the date of gift or settlement		
Fair Market Value Acceptance		
Signature	of Recipient	
If a reason is not provided this transfer will be defaulted a t	ransfer due to gift.	
¹ If you are transferring shares of a closed Artisan Partners Fund as a g eligible to open an account in a closed Fund. For closed Fund eligibili		from the recipient are generally not permitted unless they are otherwise e to Invest in a Closed Fund?" section of the prospectus.
	after the date of death. The principal reaso	ifferent valuation date in certain cases. If the estate qualifies for this election, on for making this election is to reduce the amount of estate tax that must etermine your basis.
l. Cost Basis Information		
	change your cost basis election, you	or this transaction unless you provide specific share lots below can do so by completing a new Shareholder Options Form or
Date of Purchase (MM-DD-YYYY)	Number of Shares	
Date of Purchase (MM-DD-YYYY)	Number of Shares	

5. Signature

I have requested that the instructions requested on this form be made to my account. I indemnify Artisan Partners Funds, its transfer agent, and any officers, directors, employees, or agents of these entities for following the instructions I indicate on this form. I understand that once this request is received and processed the transactions can not be reversed.

I agree that Artisan Partners and their affiliates, agents, employees, officers, and directors will not be liable for any loss, claim, or expense for action or inaction based on any instructions, including any given under the telephone and internet transaction privileges, that are reasonably believed to be genuine provided that reasonable security procedures have been followed.

I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify Artisan Partners Funds, their transfer agent, and their respective agents, officers, trustees, directors or employees with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

If you have any questions, please visit www.artisanpartners.com or call 800.344.1770 to speak with a customer service representative.

Owner's Signature (Name as it appears in Section 1)		Date (MM-DD-YYYY)
Joint Owner's Signature (Name as it appears in Section 1)		Date (MM-DD-YYYY)
Medallion Signature Guarantee. If the surety bon		called the guarantor). A Notary Public cannot provide the amount of your transaction(s), your request will buarantee and is not acceptable.
Name of Bank or Firm		
Authorized Signature and Stamp		Date (MM-DD-YYYY)
	Stamp	