

Use this IRA Application to establish an Artisan Partners Funds IRA. To transfer your IRA directly from another custodian, you must also complete an Artisan Partners Funds IRA Transfer Form (available on Artisan Partners' website). Do not use this form to establish a Coverdell Education Savings Account or non-IRA. Instead please use, respectively, the Education Savings Account Application or the Individual Account Application available at: www.artisanpartners.com/individual-investors/resources/applications-forms.html

Please complete this entire IRA Application, 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 application for your records.

We encourage you to consult with your legal counsel and/or tax advisor in completing this form regarding the tax consequences and tax requirements of establishing an IRA.

Important Information for Opening a New Account

Federal law requires financial institutions to obtain, verify and record identification information on each individual who opens an account to help prevent money laundering and terrorism funding activities. To invest, we require your name, address, date of birth and social security number.

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. Account Registration (Please type or print clearly)

Do you have other Artisan Partners Funds accounts? Yes No If yes, provide account number(s): _____

Name (First, Middle, Last) Social Security Number / Tax Identification Number Date of Birth (MM-DD-YYYY)

Street Address*

City State Zip

Mailing Address (If different from Street Address)

City State Zip

()

Phone Email

*You must be a US resident with a US mailing address. If your mailing address is a post office box, you must also provide a US residential address to invest in Artisan Partners Funds.

2. Type of IRA

By selecting one of the following, I designate my account as a Traditional IRA (including a SEP-IRA) under Internal Revenue Code ("Code") Section 408 or as a Roth IRA under Code Section 408A. Check **one** of the boxes below to indicate the type of IRA you are opening, **then complete Section 3, Section 4 or Section 5**, as applicable.

Traditional IRA—Complete Section 3

Roth IRA—Complete Section 4

Recharacterized Contribution—Complete Section 5

3. Traditional IRA

Check the applicable box(es) below to tell us more about your Traditional IRA.

Read the instructions for each box carefully, as you may need to check more than one box. **Note:** No amount may be rolled over or transferred from a Coverdell Education Savings Account, Archer Medical Savings Account or a Health Savings Account to a Traditional IRA.

Annual Contribution

Check enclosed for: \$_____ for tax year: _____. If a contribution year is not selected, the current year will apply.

This contribution may not exceed the maximum permitted amount for the year of contribution as described in the Disclosure Statement (as defined in Section 11). In addition, please consult your tax advisor regarding the maximum contribution you are permitted to make to your IRA and the tax year to which such contribution relates. Check must payable to Artisan Partners Funds. The Funds do not accept third party checks, travelers checks, or money orders.

60-day Rollover of an Existing Traditional IRA*

Check this option if you are funding this IRA with money you have withdrawn from an IRA at another custodian and are reinvesting at Artisan Partners Funds. Check type of IRA:

Traditional IRA funded with annual contributions.

Rollover IRA originally funded with a distribution from an employer-sponsored plan (e.g., 401(k) plan, 403(b) arrangement or governmental 457 plan).

Direct Rollover to a Traditional IRA from an Employer-Sponsored Plan*

Check this option only if you are funding this IRA with money you accumulated in an employer-sponsored plan (e.g., 401(k), 403(b) arrangement or governmental 457 plan), which is eligible for rollover. Check method of funding:

A check is enclosed.

My plan trustee will send a check directly to Artisan Partners Funds.

Transfer of an Existing Traditional IRA*

Check this option to authorize Artisan Partners Funds to transfer your existing IRA from another custodian/trustee to Artisan Partners Funds. You must also complete an IRA Transfer Form. Check type of IRA by selecting one of the following:

Traditional IRA funded with annual contributions.

Rollover IRA originally funded with a distribution from an employer-sponsored plan.

SEP-IRA

Please consult legal counsel and/or a tax advisor for the maximum contribution limits on your SEP-IRA or SARSEP-IRA.

Regular SEP-IRA Contribution for year: _____

Regular Salary Reduction SEP-IRA (SARSEP) Contribution for year: _____

60 Day Rollover—Check this option if you have withdrawn funds from a SEP-IRA at another custodian and are reinvesting them at Artisan Partners Funds.

Direct Transfer—Check this option to authorize Artisan Partners Funds to transfer your existing SEP-IRA directly from another custodian. Please complete both this application and an IRA Transfer Form. Be sure to notify your employer.

Inherited IRA

Check this option if you will be receiving assets from a decedent's IRA or a decedent's employer-sponsored retirement plan and indicate below the type of IRA. If applicable, the Required Minimum Distribution for the decedent's IRA must be satisfied prior to distribution into the beneficiary's IRA. Distribution requirements for each type of IRA are discussed in the Disclosure Statement.

Spousal IRA—Decedent's Date of Death: _____ Decedent's Name: _____
(MM-DD-YYYY)

Inherited IRA—Decedent's Date of Death: _____ Decedent's Name: _____
(MM-DD-YYYY)

Transfer due to Divorce/Settlement

Check this option if you will be receiving retirement assets from a divorce/settlement.

*Since it is your responsibility to keep track of after-tax contributions and non-deductible contributions, you may wish to contact your tax advisor regarding keeping these amounts in separate accounts. Separate IRA applications must be completed if you want to establish multiple Traditional IRAs.

4. Roth IRA

Check the applicable box(es) below to tell us more about your Roth IRA.

Read the instructions for each box carefully, as you may need to check more than one box. **Note:** No amount may be rolled over or transferred from a Coverdell Education Savings Account, Archer Medical Savings Account or a Health Savings Account to a Roth IRA.

Annual Contribution

Check enclosed for: \$_____ for tax year: _____. If a contribution year is not selected, the current year will apply.

This contribution may not exceed the maximum permitted amount for the year of contribution as described in the Disclosure Statement (as defined in Section 11). In addition, please consult your tax advisor regarding the maximum contribution you are permitted to make to your IRA and the tax year to which such contribution relates.

Rollover or Transfer from existing non-Artisan Traditional IRA or an employer's qualified plan to a Roth IRA with Artisan Partners Funds.

This is treated as a conversion and the tax considerations described under "Conversion" below apply. If you are transferring funds, you must also complete an IRA Transfer Form.

Rollover or Transfer from existing non-Artisan Partners Funds Roth IRA to a Roth IRA with Artisan Partners Funds.

If you are transferring funds, you must also complete an IRA Transfer Form.

Date existing Roth IRA was originally opened: _____

(MM-DD-YYYY)

Rollover or Transfer from a designated Roth account in an employer-sponsored qualified retirement plan (e.g., 401(k), 403(b) arrangement or governmental 457 plan).

If you are transferring funds, you must also complete an IRA Transfer Form.

Date existing Roth account was originally opened: _____

(MM-DD-YYYY)

Conversion of an existing Artisan Partners Funds Traditional IRA to a Roth IRA with Artisan Partners Funds.

Current Artisan Partners Funds Traditional IRA account number: _____

Amount converted: All Part (specify how much): \$_____

Under IRS rules, a conversion of a Traditional IRA to a Roth IRA (a "conversion"), or a rollover distribution from an employer-sponsored retirement plan to a Roth IRA, is treated for US federal income tax purposes as a taxable distribution. For a conversion, IRS rules also require the custodian to withhold 10% of the conversion amount for US federal income taxes unless no withholding has been elected. State tax withholding may also apply if federal income tax is withheld. Consult with your tax advisor or refer to your state's tax laws for more information.

Caution: Withholding income taxes from the amount converted (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of converting from a Traditional to a Roth IRA (consult your financial and/or tax advisor if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you check the box below:

Withhold 10% for US federal income taxes (if you want a greater percentage withheld, write that percentage here: _____%).

Transfer due to Divorce/Settlement

Check this option if you will be receiving retirement assets from a divorce/settlement.

Military Death Gratuity or Payment

Rollover of military death gratuity or payment from service member's Group Life Insurance Program received by reason of death of a military service member.

Date payment received: _____

(MM-DD-YYYY)

Note: To facilitate proper recordkeeping and tax reporting for your Roth IRA, we require separate Roth IRA accounts to hold annual contributions and to hold conversion amounts. If you wish to make both annual contributions and conversion contributions by converting, transferring or rolling over an existing Traditional IRA, please complete different IRA applications to set up separate Roth IRAs. If you are transferring or rolling over an existing Roth IRA, please set up separate Roth IRAs for a transfer or rollover of an annual contributions Roth IRA and a conversion Roth IRA.

5. Recharacterized Contribution

Check the applicable box(es) and complete the following if you originally made a contribution to a Traditional IRA and wish to recharacterize it as a contribution to a Roth IRA, or vice versa. If the original contribution was made to a non-Artisan Partners Funds IRA, you must also complete an IRA Transfer Form. Please consult your tax advisor regarding the rules applicable to a recharacterization, including any deadlines for making such a recharacterization.

Indicate what type of IRA the *original* contribution was made to:

- Traditional IRA**
(Recharacterized as Roth IRA contribution)
- Roth IRA**
(Recharacterized as Traditional IRA contribution)

Date original contribution was made: _____ for tax year: _____
(MM-DD-YYYY)

If the original contribution was made to an Artisan Partners Funds IRA, check this box and indicate the IRA Account Number:

IRA account number: _____

Amount converted: All Part (Specify how much, including income): \$ _____
(If no amount is specified, the entire account balance will be recharacterized.)

6. Investment Selection

Use the column for dollar amounts if you are sending a check or wire, or transferring or exchanging a specific dollar amount. Use the percentage column if you are transferring assets or doing a rollover.

Carefully read the Fund's prospectus prior to investing. A separate account will be established for each Fund selected. Funds noted with an asterisk (*) are closed to most new investors. For more information, refer to the "Who is Eligible to Invest in a Closed Fund" section of the Fund's prospectus.

Artisan Partners Funds	Select Share Class ¹		Amount	or	Percentage
	Investor	Advisor			
Developing World	<input type="checkbox"/> 2463	<input type="checkbox"/> 2464	\$		%
Emerging Markets	<input type="checkbox"/> 1674		\$		%
Global Discovery	<input type="checkbox"/> 2475		\$		%
Global Equity	<input type="checkbox"/> 1676		\$		%
Global Opportunities	<input type="checkbox"/> 1675	<input type="checkbox"/> 2456	\$		%
Global Value	<input type="checkbox"/> 1673	<input type="checkbox"/> 2457	\$		%
High Income	<input type="checkbox"/> 2454	<input type="checkbox"/> 2455	\$		%
International*	<input type="checkbox"/> 661	<input type="checkbox"/> 2458	\$		%
International Small-Mid	<input type="checkbox"/> 1465	<input type="checkbox"/> 2427	\$		%
International Value*	<input type="checkbox"/> 1466	<input type="checkbox"/> 2459	\$		%
Mid Cap*	<input type="checkbox"/> 962	<input type="checkbox"/> 2460	\$		%
Mid Cap Value	<input type="checkbox"/> 1464	<input type="checkbox"/> 2461	\$		%
Small Cap*	<input type="checkbox"/> 660	<input type="checkbox"/> 2469	\$		%
Thematic	<input type="checkbox"/> 2470	<input type="checkbox"/> 2477	\$		%
Value	<input type="checkbox"/> 1670	<input type="checkbox"/> 2462	\$		%
Sub-total			\$		100%
Acceptance fee of \$5 per Fund account²			\$		
TOTAL AMOUNT			\$		100%

Payment Method

- Check payable to: Artisan Partners Funds**
(Note: Artisan Partners Funds does not accept cash, drafts, money orders, travelers checks, credit card payments, credit card checks, starter checks, third party checks or checks drawn on non-US financial institutions.)
- Wire** \$ _____
Date of Wire: _____
(Note: Wire transfers from a financial institution outside the US will generally not be accepted. Please call 800.344.1770 for wiring instructions.)
- Transfer from another IRA**
Please complete Artisan Partners Funds IRA Transfer Form
- Exchange** from my identically registered Artisan Partners Funds Account Number:

- Rollover from Employer Plan**
Employer plan check payable to **Artisan Partners Funds** to follow
- Automatic Investment Plan** (No minimum—Complete Sections 9 & 10)

¹Investor Share Class minimum investment: \$1,000 per Fund. (No minimum investment is required in the Investor Share Class if you select an **Automatic Investment Plan—Section 9**). Advisor Share Class minimum investment: \$250,000 per Fund, if you do not meet the minimum investment threshold for the Advisor Share Class, your investment will be made into the Investor Share Class. ²If you do not include the \$5 per Fund account acceptance fee in your check or wire, it will be deducted from your investment.

Custodian Fees

Acceptance Fee: \$5 per Fund account. Annual Maintenance Fee: \$15 per Fund account (maximum \$30 per social security number). Termination, Rollover or Transfer of Account to successor Custodian: \$10 per Fund account.

7. Beneficiary Designation

Primary Beneficiaries

I hereby make the following Beneficiary Designation in accordance with the Artisan Partners Funds—UMB Bank, n.a. IRA Disclosure Statement and Custodial Agreement.

In the event of my death, transfer ownership of my accounts to the following primary Beneficiaries who survive me. Make payment in the percentages specified below (or in equal percentages (totaling 100%) if no allocations are specified). If any primary Beneficiary predeceases me, his or her share is to be divided among the primary Beneficiaries who survive me in the relative percentages assigned to each such surviving primary Beneficiaries unless the box for "per stirpes" is checked. Per stirpes means if a Beneficiary is deceased, their percentage is allocated equally to his or her descendants.

Check for Per Stirpes

If you wish to name more than three Beneficiaries, please list all of the requested information on a separate sheet and attach it to this form.

Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	
Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	
Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	
Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	_____ 100%

Alternate Beneficiaries

I hereby make the following Alternate Beneficiary Designation in accordance with the Artisan Partners Funds—UMB Bank, n.a. IRA Disclosure Statement and Custodial Agreement.

If none of the primary Beneficiaries survive me, transfer ownership of my accounts to the following alternate Beneficiaries who survive me. Make payment in the percentages specified below (or in equal percentages (totaling 100%) if no allocations are specified). If any alternate Beneficiary predeceases me, his or her share is to be divided among the alternate Beneficiaries who survive me in the relative percentages assigned to each such surviving alternate Beneficiaries unless the box for "per stirpes" is checked. Per stirpes means if a Beneficiary is deceased, their percentage is allocated equally to his or her descendants.

Check for Per Stirpes

If you wish to name more than three Beneficiaries, please list all of the requested information on a separate sheet and attach it to this form.

Alternate Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	
Alternate Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	
Alternate Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	
Alternate Beneficiary's Name (First, Middle, Last)/Trust/Charity	Relationship	_____ %
Social Security Number / Taxpayer Identification Number	Date of Birth/Trust Date (MM-DD-YYYY)	_____ 100%

If there are no surviving alternate Beneficiaries and no per stirpes designation at the time of your death, the Funds will transfer ownership of your accounts to your estate (unless otherwise required by the laws of your state of residence).

7. Beneficiary Designation (continued)

Spousal Consent (if applicable)

This section should be reviewed if you are married and designate a Beneficiary other than your spouse. It is your responsibility to determine if this section applies. Artisan Partners Limited Partnership ("Artisan Partners"), Artisan Partners Funds and any affiliate and/or any of their directors, employees and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

Important:

This Beneficiary designation may have important tax or estate planning effects. If you are married and reside in a community property or marital property state, you may need to obtain your spouse's consent if you have not designated him or her as primary Beneficiary for at least half of your account. We encourage you to consult legal counsel and/or a tax advisor for additional information and advice.

I am the spouse of the IRA owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to consult legal counsel and/or a tax advisor.

I hereby consent to the Beneficiary designations indicated in Section 7. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the UMB Bank, n.a., Artisan Partners or Artisan Partners Funds.

Spouse's Signature

Date (MM-DD-YYYY)

Witness for Spouse's Signature

Date (MM-DD-YYYY)

8. Account Options and Account Information

Telephone Options

Redemption

By default, you are automatically enrolled in the telephone redemption option. If you wish to decline this option, check the box below.

I do not want the telephone redemption option.

Purchase

Check the box below to authorize the telephone purchase option (\$50 minimum; \$50,000 maximum).

I want the telephone purchase option.

Your purchase will be effected on the business day of your call, if you call before the time as of which the Fund calculates its Net Asset Value (NAV), or on the next business day after your call if you call after the time as of which the Fund's NAV have been calculated for the day. You must provide bank account information in Section 10 and attach a voided check to request this option.

Electronic Documents

Website Access available at www.artisanpartners.com

Offering shareholders easy-to-use, 24 hours a day, 7 days a week access to Fund and account information. You can obtain a prospectus, additional applications and more. Additionally, once your account has been established, online Account Access can provide you with immediate, secure access to your account information.

Consent to E-Delivery

Reduce clutter in your mailbox and help the environment by signing up for E-Delivery. Indicate if you would like to receive your statements and other important documents online. You will receive a notification to the email address provided in Section 1 informing you that the documents are available for viewing online. You can change this election at any time. Confidential account information will not be sent via email.

All Available Documents*

OR select document type(s):

Fund Reports, Prospectus, Privacy Statements, Proxies and Special Announcements

Account Statements

Confirmations*

Tax Forms*

*We currently do not offer online delivery of confirmations or tax statements. However, we may commence operations of online delivery of these documents in the near future. In such case, you will automatically be enrolled for E-Delivery notifications if you make this election.

Escheatment

If no activity occurs in your account within the time frame specified by applicable state law, your account may be transferred to the appropriate state. This is called escheatment. Escheatment laws vary state by state. We strongly encourage you to contact us via phone or log into your account at least once per year. It is also important that you inform the Funds promptly of any changes to your account.

9. Automatic Investment Plan (AIP)

Establish automatic investments in your accounts through deductions from your bank account (\$50.00 minimum investment required per month).

Frequency: Monthly Quarterly Semi-annually Annually

Fund Name	Amount	Start Date	Day(s) of Month
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Fund Name	Amount	Start Date	Day(s) of Month
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Fund Name	Amount	Start Date	Day(s) of Month
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Fund Name	Amount	Start Date	Day(s) of Month
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Please provide Bank Information for the account from which deductions will be debited.

An AIP normally becomes active 15 days after this form is processed. Designate a date between the 3rd and 28th day of the month only. If you are establishing an AIP and no start date is provided, the AIP will begin as soon as the option is established in accordance with the instructions provided. If no day or frequency is provided, investments will be made on or about the 15th business day of every month.

IRA contributions made through AIP will be credited as contributions for the year in which the shares are purchased. If you want to make prior year contributions, please indicate which month(s) should be coded as a prior-year contribution(s):

January February March April (Must be on or before the 15th)

10. Bank Information

Your US bank account information must be on file in order to receive distributions or redemptions by Automated Clearing House (ACH)/Electronic Funds Transfer (EFT) directly to your bank account, purchase additional shares by telephone or establish an AIP. At least one name on the bank account must match exactly the name in Section 1. For checking accounts, a blank voided check is necessary to provide account and bank routing information and must accompany this form (mutual fund money market checks may not be used). For savings accounts provide a pre-printed deposit slip to indicate account and bank routing number. Your bank must be a US bank and a member of the ACH to effect EFT transactions.

Checking (If selected, attach a voided check below) Savings (If selected, attach a pre-printed deposit slip below)

The following authorization is required for EFT transactions: By signing Section 11, I authorize Artisan Partners Funds to initiate (i) credit entries (deposits), (ii) debit entries (withdrawals) (for the AIP or telephone purchases with payment by EFT) and (iii) debit or credit entries and adjustments for any entries made in error to my bank account identified above. This authorization will remain effective until I notify Artisan Partners Funds in writing or by telephone of its termination and until Artisan Partners Funds has reasonable time to act on that termination. To discontinue or change an AIP, please notify us at least 14 days prior to the next scheduled withdrawal date.

Attach Blank, Voided Check or Deposit Slip

11. Signatures

By signing this form, I certify that:

I have received, read, and agree to the Artisan Partners Funds—UMB Bank, n.a. Individual Retirement Account Disclosure Statement and Custodial Agreement (Disclosure Statement). I acknowledge receipt of the Disclosure Statement at least seven days before the date inscribed below and acknowledge that I have no further right of revocation.

I accept full responsibility for complying with all IRS and other tax requirements with respect to my Artisan Partners Funds IRA, including, but not limited to, contribution limits, conversions, distributions, recharacterizations, minimum required distributions, and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences or penalties which may result from elections I make or any contributions, conversions, distributions, or recharacterizations which I initiate. I hereby indemnify Artisan Partners, Artisan Partners Funds, and any affiliate and/or any of their partners, directors, employees, and agents if I fail to meet any such IRS and other tax requirements.

I acknowledge and understand that the Beneficiaries I have named may be changed or revoked at any time by submitting an IRA Designation/Change of Beneficiaries Form to Artisan Partners Funds.

I have received and read the current Artisan Partners Funds prospectus and agree to be bound by its terms and by the terms and conditions of this Account Application and received Artisan Partners' Privacy Policy. I have full authority and legal capacity to purchase Fund shares and establish and use any related privileges. I acknowledge that I have sole responsibility for my investment choices. All information and certifications on this application are true and correct.

I agree that Artisan Partners, Artisan Partners Funds and any affiliate and/or any of their directors, employees and agents will not be liable for any loss, liability, tax cost, or expense for acting or refusing to act upon any written or telephonic instructions or inquiries received pursuant to any privileges, services or plans offered by the Funds and adopted by me, if such instructions or inquiries are reasonably believed to be genuine. Accordingly, I understand that I bear the risk of loss. I understand that any privileges, services, and/or plans offered by the Funds are subject to the terms and conditions set forth in the Artisan Partners Funds prospectus. This authorization and indemnification is a continuing one and the authorization shall remain in full force and effect until Artisan Partners Funds receives and has had a reasonable amount of time to act upon written notice from me. If an account has multiple owners, the Funds may rely on the instructions of any one account owner. The Funds may, in its sole discretion and for its own protection, require written authorization from all owners parties to act on the account for certain transactions (for example, to transfer ownership). I will review all statements upon receipt and will notify the Funds immediately if there is a discrepancy.

I have received and read the applicable sections of the Disclosure Statement relating to this Account (including the Custodian's fee schedule). I acknowledge receipt of the Individual Retirement Account Disclosure Statement and Custodial Agreement at least seven days before the date inscribed below and acknowledge that I have no further right of revocation.

I acknowledge that it is my sole responsibility to report all contributions to, or withdrawals from, the Account correctly on my tax returns, and to keep necessary records of all my IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to UMB Bank, n.a. and dated and signed by me. I acknowledge that this application and the Disclosure Statement are the primary documents controlling the terms and conditions of my IRA.

Taxpayer Identification Number Certification

I certify under penalties of perjury:

I am a US citizen I am a resident alien

I certify that under penalties of perjury that: (1) the Social Security Number or Taxpayer Identification Number provided in Section 1 is correct and (2) I am not subject to backup withholding due to failure to report interest and dividend income.

OR

I am a non-resident alien and certify under penalties of perjury that I am not a US citizen or resident alien, and that I am an "exempt foreign person" as defined under IRS regulations. I have attached a completed W-8BEN form and a copy of my government-issued ID as proof of my foreign tax status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature(s) Required

Signature (As it appears in Section 1)

Date (MM-DD-YYYY)

If the IRA owner is a minor under the laws of the IRA owner's state of residence, a parent or guardian must also sign the IRA Application below. Until the IRA owner reaches the age of majority, the parent or guardian will exercise the powers and duties of the IRA owner.

Parent or Guardian's Name (First, Middle, Last)

Social Security Number

Date of Birth (MM-DD-YYYY)

Signature of: Parent **or** Guardian

Date (MM-DD-YYYY)

CUSTODIAN ACCEPTANCE: UMB Bank, n.a. will accept appointment as Custodian of the IRA owner's account. However, this Agreement is not binding upon the Custodian until the IRA owner has received a statement of the transaction. Receipt by the IRA owner of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as Custodian of the IRA owner's account.

(Retain a photocopy of the completed agreement for your records.)



FACTS		WHAT DOES ARTISAN PARTNERS DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ■ Social Security number ■ account balances, transaction history and assets ■ checking account information and wire transfer instructions <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons Artisan Partners chooses to share, and whether you can limit this sharing.	

Reasons we can share your personal information	Does Artisan Partners share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	Call 800.344.1770
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Who we are

Who is providing this notice?

- Artisan Partners Limited Partnership and Artisan Partners Distributors LLC and their affiliates
- Pooled vehicles sponsored by Artisan Partners, including, without limitation, Artisan Partners Funds, Inc.

What we do

How does Artisan Partners protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

Within Artisan Partners, access to information about you is restricted to those employees who need to know the information to service your account.

How does Artisan Partners collect my personal information?

We collect your personal information, for example, when you

- open an account or give us your contact information
- make a wire transfer or provide account information
- make deposits or withdrawals from your account

We also collect your personal information from other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes— information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Artisan Partners Funds, Inc., Artisan Partners Distributors LLC, Artisan Partners Limited Partnership, Artisan Partners Asset Management Inc., Artisan Partners UK LLP and their affiliates may share information among each other.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Artisan Partners does not share with nonaffiliates so they can market to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Artisan Partners does not jointly market.*