



### 3. Beneficiary Designation

#### Primary Beneficiary(ies)

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 account(s) to the following primary Beneficiary(ies) who survive(s) 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 Beneficiary(ies) who survive(s) me in the relative percentages assigned to each such surviving primary Beneficiary(ies) 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)	_____ 100%

#### Alternate Beneficiary(ies)

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 Beneficiary(ies) survives me, transfer ownership of my account(s) to the following alternate Beneficiary(ies) who survive(s) 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 Beneficiary(ies) who survive(s) me in the relative percentages assigned to each such surviving alternate Beneficiary(ies) 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)	_____ 100%

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

### 3. Beneficiary Designation (continued)

#### Spousal Consent

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 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. Consult legal counsel and/or a tax advisor for additional information and advice.

I am the spouse of the above-named accountholder. 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 designation(s) indicated. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by UMB Bank, n.a., Artisan Partners Limited Partnership or Artisan Partners Funds.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Witness for Spouse's Signature

\_\_\_\_\_  
Date (MM-DD-YYYY)

### 4. Signature

I certify that information and certifications on this form are true and correct. I understand that any change or revocation of a Beneficiary Designation will not become effective until this form is received by the Custodian.

\_\_\_\_\_  
Signature (As it appears in Section 1)

\_\_\_\_\_  
Date (MM-DD-YYYY)