

Use this form to request a distribution from your Artisan Partners Funds Traditional or Roth IRA. Do not use this form to request a conversion of a Traditional IRA to a Roth IRA.

We encourage you to consult your tax advisor in completing this form and regarding the tax consequences and tax reporting requirements of your IRA distributions.

Please complete this entire IRA Distribution Request 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.

For Regular Mail Delivery

Artisan Partners Funds
 P.O. Box 8412
 Boston, MA 02266-8412

For Overnight Delivery

Artisan Partners Funds
 30 Dan Road
 Canton, MA 02021-2809

Questions? Call 800.344.1770 or visit www.artisanpartners.com

1. Account Registration (Please type or print clearly)

Registered Owner's Name (First, Middle Initial, Last)	Social Security Number / Tax Identification Number	Date of Birth (MM-DD-YYYY)
Street Address*		
City ()	State	Zip
Phone	Email	
<small>*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.</small>		

2. Amount of Distribution

Please specify the account(s) from which you want to withdraw.

Fund Name	Account Number	Amount (\$) or Percent (%)
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3. IRA Distribution Options

Check one of the eight options listed in Section 3. IRA redemptions may have tax implications. Please consult your tax advisor to ensure you have a full understanding of the tax implications prior to initiating a redemption.

1) **Normal Distribution**

You may choose this option only if you are age 59½ or older.

2) **Required Distribution After Age 70½**

Choose this option if your distribution is from a Traditional IRA and is intended to satisfy the requirement that you begin taking required minimum distributions (RMDs) from the IRA beginning with the year in which you reach the age of 70½.

3) **Early Distribution**

Choose this option if you are under the age of 59½ and the other distribution options listed below do not apply to you.

4) **Early Distribution as Periodic Payouts**

Choose this option if you are under the age of 59½ and distributions are to be paid under the equal periodic payment exception to the 10% penalty tax.

5) **Distribution Due to Disability**

Choose this option if you are under the age of 59½ but are permanently disabled according to the IRS definition.

6) **Return of Excess Contribution (without penalty)**

Choose this option if you have made contributions to your IRA in excess of the annual limit.

Complete the following:

Remove the excess contribution for the tax year.

Amount (\$)

Tax Year

Remove earnings

Do not remove earnings

Reinvest as a current year contribution

Pay in cash

7) **Distribution Due to Death**

Choose this option if you are the designated beneficiary of a deceased IRA owner. You must attach a certified copy of the IRA owner's death certificate, a tax waiver (if required by your state of residence) and a Medallion Signature Guarantee (see Section 8). If the IRA owner has not designated a Beneficiary, you may be asked to provide additional documents. Please contact a customer service representative for more information by calling 800.344.1770.

Complete the following:

Beneficiary's Name

Issue a check to the Beneficiary

Beneficiary's Social Security Number

Transfer to a new IRA (spousal Beneficiary only)—enclose Artisan Partners Funds IRA Application.

Transfer to another retirement plan (spousal Beneficiary only) that will accept the transfer—enclose Artisan Partners Funds IRA Transfer Form.

8) **Distribution of Reservist Called to Active Duty**

Choose this option if you are under the age of 59½ and you are a military reservist who is withdrawing part of your IRA after being called to active duty.

4. Method of Distribution

Please check ONLY one method of distribution.

- Single Lump-Sum Payment:** Withdraw all assets from the IRA account(s) specified in Section 2.
- Single Partial Payment:** Withdraw the amount(s) or percentage(s) specified in Section 2. This withdrawal will not occur every year. To make additional withdrawals in the future, submit another IRA Distribution Request.
- Installment Payments:** Please select a frequency and start date for your payments.
- Monthly Quarterly Annually

Beginning in:

MM-YYYY

Withdrawals will occur on approximately the 25th day of the month.

Please choose a calculation method for your payments:

- Fixed amount: _____
- Percentage of account(s) as specified in Section 2: _____ %

If you elect installment payments, the same amount (or percentage of your account) will be distributed in each installment until you change the election. It is your responsibility to make sure that the total number of installment payments each year beginning with the year in which you reach the age of 70 1/2 satisfy the required minimum distribution requirement for that year. For more information on required minimum distributions, consult your tax advisor.

5. Payee

Indicate how you wish to receive your distribution. Please check ONLY one option. If no option is selected, a check will be sent to your address of record.

- Name & Address of Record:** Choose this if you would like your check issued to the name and address in which the IRA is registered.
- Federal Wire:** Complete Section 6 if selected.
- Automated Clearing House (ACH):** Complete Section 6 if selected.
- Special Name or Address:** Choose this if you would like your check issued to a name and/or address other than the name and address in which the IRA is registered. Indicate name and address below. **Medallion Signature Guarantee required; see Section 8.**

Name

Mailing Address

City

State

Zip

Foreign Payment Instructions

Payments to an address outside the United States are subject to special rules. Withholding generally may not be waived by United States citizens receiving payments outside the United States. Withholding for foreign citizens may be subject to special tax treaty rules. Please consult your tax advisor.

Certification (check the box that applies)

- I hereby certify that I am a United States citizen living abroad. I understand that payments sent to me abroad are subject to 10% tax withholding that cannot be waived.
- I hereby certify that I am a non-US citizen. I am attaching a Form W-8BEN or other applicable form to certify my status and to comply with IRS rules. I understand that withholding if applicable will be applied to my distribution payments based on my Form W-8BEN or other applicable form or lack thereof.

6. Bank Instructions

If you choose to use Federal Wire or Automated Clearing House (ACH) for your distribution, please provide the appropriate US bank information or attach a voided check:

Name of Bank or Federal Credit Union

Name(s) on Bank Account

Bank Account Number

Bank Routing Number

Address of Bank

City

State

Zip

Attach Blank, Voided Check or Deposit Slip

7. Withholding Information

Federal Tax Withholding Election (REQUIRED)

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding (generally 10%) unless you affirmatively elect an additional amount or to NOT have withholding apply to such payments.

Please check one box:

Do **NOT** withhold federal income tax

Withhold _____% federal tax income (minimum 10%)

State Tax Withholding

If applicable, we will withhold the required state income tax from payments made to you. Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal taxes are withheld or may mandate a fixed amount regardless of your federal tax election. You should consult with your tax advisor for additional information on your state's withholding and other requirements.

8. Signature

Note: You must provide a STAMP 2000 Medallion Signature Guarantee if:

- 1) The redemption proceeds will be over \$100,000.
- 2) The redemption proceeds will be paid to someone other than the account owner.
- 3) The redemption proceeds will be sent to an address that is different from your address of record.
- 4) The redemption proceeds will be sent via Federal Wire or ACH using bank instructions that were not previously established on your account.
- 5) You have changed your address within the past 30 days.
- 6) You are requesting that we change your address and redeem shares.

I, the undersigned, authorize and request that UMB Bank, n.a., as custodian for my IRA, make the above distribution(s) from the account(s) listed in Section 2. I acknowledge that the box checked in Section 3 is correct and I am aware of the possible tax consequences of these distribution(s). I understand that I am responsible for determining that the minimum distribution requirement is met each year for my Traditional IRA and that failure to meet this requirement may result in tax penalties. I agree to indemnify and hold Artisan Partners Limited Partnership, Artisan Partners Funds, UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents harmless for elections I have made, and for any actions taken as a result of the information and instructions I have provided.

IRA Account Owner's or Beneficiary's Authorized Signature (As it appears in Section 1)

Date (MM-DD-YYYY)

Signature of: IRA Account Owner **or** Beneficiary

If needed, a Medallion Signature Guarantee may be obtained from a bank, credit union, or brokerage firm (called the guarantor). A notary public cannot provide a Medallion Signature Guarantee. The guarantor assumes financial liability for the authenticity of the signature. Medallion Signature Guarantees must cover the amount of the requested transaction. There are several different surety bond amounts, so it is important to obtain a bond equal to or greater than the amount of your transaction(s). If the surety bond amount of the Medallion Signature Guarantee is less than the amount of your transaction(s), your request will be rejected.

Name of Bank or Firm Providing Medallion Signature Guarantee

Authorized Signature and Stamp

Date (MM-DD-YYYY)

Stamp