



Shareholder Options Form

Use this form to add or change the options on your account. You must complete sections 1 and 6 to add or change any options on your account.

You can also change your address, enroll in E-Delivery, change your distribution options, and change your cost basis method online at www. artisanpartners.com/individual-investors.html.

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

. Account Registration (Please type or print clearly)		
Owner, Trust or Other Entity's Name (First, Middle, Last)	Social Security Number/Tax Id	dentification Number
Join Owner or Trustee's Name (First, Middle, Last)	Social Security Number/Tax Id	dentification Number
Address		
City	State	Zip
Phone	Email	
. Artisan Partners Funds Accounts		
Fund Name	Account Number	

Account Number

3. Change of Contact Details

To make modifications to additional accounts, fill out and attach a second form.

Funds, however correspondence will only be sent to the mailing address.

Fund Name

Please provide updated information as nec	essary.		
New Street Address*			
City	State	Zip	
New Mailing Address (If different from Street Addr	ess)		
City	State	Zip	
Phone	Email		

4. Name Change

Owner's New Name (First, Middle, Last)	Social Security Number / Tax Identification Number	Date of Birth (MM-DD-YYYY)
The account owner must have his/her new signature validated in Section 6.		

5.

. Account Options		
Please provide updated information a	as necessary.	
Cost Basis		
Select one of the following cost basis the Funds default cost basis method		vill be used when calculating the gain or loss for all future sales of shares. If no election is made, pplied to your account(s).
☐ Average Cost (ACST)		☐ First In, First Out (FIFO)
☐ Last In, First Out (LIFO)		☐ High Cost, First Out (HIFO)
☐ Low Cost, First Out (LOFO)		☐ Loss/Gain Utilization (LGUT)
☐ Specific Lot Identification (SLID) (Comp ☐ Secondary Election: (Secondary Method will be used in the	(For 9	SLID method—options: FIFO, LIFO, HIFO, LOFO, LGUT) sacations, or for a redemption placed without specific lot identification.)
		s your individual tax situation. Your elected cost basis method will be applied to future accounts cion. For more information regarding cost basis reporting, please visit www.artisanpartners.com
Distribution Options		
Change my distribution options to:		
Ordinary Dividends:	Reinvest	☐ Pay in cash
Short Term & Long Term Capital Gains:	Reinvest	☐ Pay in cash
If any distributions are to be paid in cash, : ☐ Deposit to your US bank account via An request this option. ☐ Send check to mailing address listed or	utomated Clearing House/El	ectronic Funds Transfer (EFT). You must provide bank account information and attach a voided check to
Telephone Options		
Redemption Check the box below to authorize the	e telephone redemption	option.
to transfer funds via Electronic Funds T	es by telephone. Any amoun ransfer (EFT) or wire. If no ba	nt of shares may be redeemed if you have provided valid bank information on your account (see Section 4) ank information is provided, telephone redemptions will be limited to \$50,000 each and a check will be sent vide bank account information and attach a "voided" check.
Note: A signature verification is requi	red in Section 6 to add th	nis option.
Purchase Check the box below to authorize the	e telephone purchase op	tion (\$50 minimum; \$50,000 maximum).
	business day of your call, if yo	ou call before the time as of which the Fund calculates its NAV, or on the next business day after your call culated for the day. You must provide bank account information and attach a "voided" check.

5. Account Options (Continued)

Consent to E-Delivery					
	will receive a notifica	tion to the email addre	ss on record informing yo	ould like to receive your statements ou that the documents are available for ail.	
All Available Documents					
OR select document type(s):					
☐ Fund Reports, Prospectus, Priva	cy Statements, Proxies	and Special Announceme	nts		
Account Statements					
Confirmations					
☐ Tax Forms					
Systemic Withdrawal Plan (SWI	P)				
Please select:	or 🔲 Change Existin	g SWP			
designated address. The account varedemption will happen on or about	alue must be \$5,000 of out the date requeste ng the appropriate no wned for 90 days or le	or more to begin this pl ed. If a redemption date umber of shares in the a ess, the Fund will charge	an. Designate a date betwee falls on a weekend or he ccount at the current net a	r or year and have the proceeds sent een the 3rd and 28th day of the mor oliday, it will be processed the next b isset value. If you sell or exchange sha of the redemption proceeds.	nth only. Your business day.
Account Number			Amount (\$50 month	ly minimum)	
Preferred investment schedule:	☐ Monthly	☐ Quarterly	☐ Semi-annually	☐ Annually	
Please select the way you would lik	e to receive your Syst	ematic Withdrawal Plar	proceeds:		
☐ Check made payable to the account	owner(s) and sent by m	ail to the address on the a	ccount.		
☐ Proceeds by ACH/Electronic Funds Tr proceeds to a US bank account other				eck). A signature verification is required to ners Funds account.	o send the
\square Check made payable to the account	owner(s) or a special pa	yee and sent by mail to th	e address listed below. A sign	ature verification is required.	
Name of Recipient (First, Middle, Last)					
Address					
City		S	tate	Zip	

5. Account Options (Continued)

S. Account Options (Continued)				
Automatic Investment Plan (AIP)				
You may purchase a fixed dollar amount for your according per month) with proceeds debited from a specified U Partners Fund, complete this section and attach a voice month only. Your investment will be withdrawn from your payment will be transferred from your bank according to the withdrawal date. Your bank must be a member	IS bank account. To est ded check clearly mark your bank account or bunt on the banking d	tablish Electronic Funds T ked "VOID" (see Section 4) n or about the date reque ay prior to the withdrawa	ransfer (EFT) from your US bank account into Designate a date between the 3rd and 28th ested. If a withdrawal date falls on a weekend Il date. If no date is indicated, the 15th of the	o an Artisan o day of the d or holiday, month will
Begin investment on (MM-DD-YYYY) (must be between 3rd an	d 28th day of the month)			
Account Number		Amount (\$50 r	monthly minimum)	
Account Number		Amount (\$50 r	monthly minimum)	
Preferred investment schedule:	☐ Quarterly	☐ Semi-annually	☐ Annually	
5. Bank Information Your US bank account information must be on file in Transfer (EFT) directly to your bank account, purchas	se additional shares b	y telephone or establish	an AIP. If you do not provide bank informa	ation, any
dividends and distributions not reinvested and the p one name on the bank account must exactly match account and bank routing information and must acco a pre-printed deposit slip to indicate account and bar Note: A Signature Verification is required in Section	an owner's name on to mpany this Form (mut ank routing number. You	this form. For checking actual fund money market curbank must be a US bank	ccounts, a blank voided check is necessary to checks may not be used). For savings account	o provide s provide
Checking (if selected attach a voided check below)	Savings (if selected attach	a pre-printed deposit slip belo	w)	
The following authorization is required for EFT transact payment of distributions or systematic withdrawals w by EFT) and (iii) debit or credit entries and adjustmer effective until I notify Artisan Partners Funds in writing termination. To discontinue or change an AIP, please r	ith payment by EFT), (ints for any entries mad for by telephone of its	ii) debit entries (withdraw de in error to my bank acc termination and until Art	rals) (for the AIP or telephone purchases with count identified above. This authorization w isan Partners Funds has reasonable time to a	payment ill remain
	Attach Blank, Voideo	d Check or Deposit Slip		

7. Signature

Note: You must provide signature verification to
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- 1) Establish the telephone redemption option.
- 2) Make Systemic Withdrawal Plan proceeds payable by EFT to a different US bank.
- 3) Send Systematic Withdrawal Plan proceeds to someone other than the account owner.
- 4) Send Systematic Withdrawal Plan proceeds to an address that is different than your address of record.
- 5) Change US bank account information.
- 6) Change your name.

I authorize Artisan Partners Funds to add or change the options designated above and to systemically withdraw the amount listed above from the referenced Artisan Partners Funds account (if the Systemic Withdrawal Plan is selected). I agree to be bound by the additional details and conditions pertaining to these options found in the prospectus. I am of legal age in my state of residence and have full authority to establish and use any related privileges. I agree that Artisan Partners and their affiliates, agents, employees, officers, and directors will not be liable for any loss, claim or expense for any 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.

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)
Signature Verification		
Medallion Signature Guarantee, SVP Stamp Guarant	tee or Notary Public Stamp	
Name of Bank or Firm Providing Medallion Signature Guar Authorized Signature and Stamp	rantee	Date (MM-DD-YYYY)
Authorized signature and stamp		Date (MM DD 1111)
	Stamp	

Note: A Medallion Signature Guarantee and SVP stamp may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association. A notary public stamp can be obtained from a notary public signing agent.