

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 801 Pennsylvania Ave, Suite 219322 Kansas City, MO 64105-1307

Questions? Call 800.344.1770 or visit www.artisanpartners.com

1. Account Registration (Please type or print clearly)

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

Owner, Trust or Other Entity's Name (First, Middle, Last)	Social Security Number	Tax Identification Number	
Join Owner or Trustee's Name (First, Middle, Last)	Social Security Number	Social Security Number/Tax Identification Number	
Address			
City	State	Zip	
()			
Phone	Email		
2. Artisan Partners Funds Accounts			
Fund Name	Account Number		
Fund Name	Account Number		
To make modifications to additional accounts, fill out and at	tach a second form.		
3. Change of Contact Details			
Please provide updated information as necessary.			
New Street Address*			
City	State	Zip	
New Mailing Address (If different from Street Address)			
City	Chaha	7in	
City	State	Zip	
()			

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

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		will 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	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 tion. 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 Al request this option. ☐ Send check to mailing address listed or	utomated Clearing House/El	lectronic 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.
_		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)			
per month) with proceeds debited from a specified I Partners Fund, complete this section and attach a vo month only. Your investment will be withdrawn from your payment will be transferred from your bank acc	US bank account. To es ided check clearly mar n your bank account or count on the banking d	tablish Electronic Funds T ked "VOID" (see Section 4) n or about the date reque ay prior to the withdrawa	f \$50 per month or a total for the period that equals \$50 fransfer (EFT) from your US bank account into an Artisan Designate a date between the 3rd and 28th day of the ested. If a withdrawal date falls on a weekend or holiday, all date. If no date is indicated, the 15th of the month will any additional accounts on a separate sheet of paper.
Begin investment on (MM-DD-YYYY) (must be between 3rd a	nd 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
Transfer (EFT) directly to your bank account, purcha	ase additional shares b	y telephone or establish	by Automated Clearing House (ACH)/Electronic Funds an AIP. If you do not provide bank information, any
one name on the bank account must exactly match account and bank routing information and must account	n an owner's name on ompany this Form (mu ank routing number. Yo	this form. For checking ac tual fund money market c ur bank must be a US banl	eck mailed to your mailing address of record. At least counts, a blank voided check is necessary to provide thecks may not be used). For savings accounts provide k 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 belo	vw)
payment of distributions or systematic withdrawals v by EFT) and (iii) debit or credit entries and adjustme	with payment by EFT), (ents for any entries mad g or by telephone of its	ii) debit entries (withdraw de in error to my bank acc termination and until Art	e (i) credit entries (deposits) (for telephone redemption, rals) (for the AIP or telephone purchases with payment count identified above. This authorization will remain isan Partners Funds has reasonable time to act on that duled withdrawal date.
	Attach Blank, Voide	d Check or Deposit Slip	

7. Signature

Note: You must provide signature verification to
--

- 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 Guarar	ntee or Notary Public Stamp	
Name of Bank or Firm Providing Medallion Signature Gua	arantee	
Authorized Signature and Stamp		Date (MM-DD-YYYY)
	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.