



Use this form to add or change the beneficial owner certification for a legal entity account in an Artisan Partners Fund.

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

For the purposes of this section, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

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

Name of Trust/Partnership/Corporation or Other Entity			
Mailing Address	City	State	Zip
Telephone	Email		

2. Artisan Partners Funds Accounts

Name of Fund	Account Number
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3. Beneficial Owner Details

Please provide the name, address, date of birth and Social Security Number (SSN) for each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation):

Name Date of Birth SSN/Tax Identification Number US Citizen Resident Alien* Non-Resident Alien*

Mailing Address City State Zip

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Mailing Address City State Zip

Name Date of Birth SSN/Tax Identification Number US Citizen Resident Alien* Non-Resident Alien*

Mailing Address City State Zip

Name Date of Birth SSN/Tax Identification Number US Citizen Resident Alien* Non-Resident Alien*

Mailing Address City State Zip

If no individual meets this definition, check here not applicable

4. Control Person Details

Please provide the name, address, date of birth and Social Security Number for one individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer):

Name Date of Birth SSN/Tax Identification Number US Citizen Resident Alien* Non-Resident Alien*

Mailing Address City State Zip

I hereby certify to the best of my knowledge that the information provided above is complete and correct.

Signature Date

*Any individuals who are identified above as a resident alien or non-resident alien must also supply a copy of documentary evidence of that status (example: passport or government-issued ID showing citizenship/tax residence in the foreign country being claimed).