



Use this application to establish an Artisan Partners Funds Coverdell Education Savings Account. To transfer your Education Savings Account directly from another custodian, you must also complete an Education Savings Account Transfer Form (available on Artisan Partners' website). Do not use this form to establish any type of IRA or regular account. Instead please use respectively the IRA Application or the Individual Account Application available at <https://www.artisanpartners.com/individual-investors/resources/applications-forms.html>.

### Important Information for Opening a New Account

Please complete this entire Education Savings Account Application, 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 application for your records.

We encourage you to consult with your legal counsel and/or tax advisor in completing this form regarding the tax consequences and tax requirements of establishing an Education Savings Account.

Federal law requires financial institutions to obtain, verify and record identification information on each individual who opens an account to help prevent money laundering and terrorism funding activities. To invest, we require your name, address, date of birth and social security number.

### 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](http://www.artisanpartners.com)

## 1. Student Registration & Address (Please type or print clearly)

Do you have other Artisan Partners Funds accounts? ☐ Yes ☐ No If yes, provide account number(s): \_\_\_\_\_

Student's Name (First, Middle, Last) Social Security Number/Tax Identification Number Date of Birth (MM-DD-YYYY)

Street Address\*

City State Zip  
( )

Phone Email

**Note:** If street address above is a P.O. Box, a mailing address is required.

Mailing Address

City State Zip

\*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.

Provide all of the requested information about the Student for whose benefit the Education Savings Account is being opened. Unless he or she is a Special Needs Student, the Student must be under age 18 for an Annual Contribution Education Savings Account, or under age 30 for an Education Savings Account established with a Rollover or Transfer from another Education Savings Account. (Check the box to the right if the Student is a Special Needs Student as defined in the Disclosure Statement.)

☐ Check box if student is a Special Needs Student.

2. Responsible Individual Information (Only one parent should be listed)

Provide the requested information about the Responsible Individual (must be a Parent or Guardian of the Student) who will control the Education Savings Account on behalf of the Student who has not yet reached the age of majority in his state of residence. Leave blank if the Student has reached the age of majority. Only one person may be listed as the Responsible Individual in Part 2. **Note: Contributions benefiting a particular Student are limited to \$2,000 per year. If necessary, the Responsible Individual should check with any other parent or guardian of the Student to ensure that contributions for a year on that Student’s behalf (from all sources) do not exceed the maximum limit.**

☐ Mother    ☐ Father    ☐ Guardian (If Guardian, submit proof of guardianship)

Responsible Individual's Name One name only (First, Middle, Last)	Social Security Number	Date of Birth (MM-DD-YYYY)
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Street Address\*

City	State	Zip
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**Note:** If street address above is a P.O. Box, a mailing address is required.

Mailing Address

City	State	Zip
(       )		

Phone	Email
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\*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.

**Note:** The “Responsible Individual” is the same individual described as the “Responsible Individual” in Articles I - X of the Custodial Account Agreement, as the “RI” on all account registration materials and as the “Parent” in Article XI of the Custodial Account Agreement and the Disclosure Statement.

3. Donor Information

The Donor is the person making a contribution to the Education Savings Account. Any individual or entity can be the Donor. Once the Donor has made the contribution and selected the initial investments, the Donor has no further rights or responsibilities related to the Education Savings Account, unless the Donor is the Student or Responsible Individual.

If no Donor is making a contribution to the Education Savings Account (in other words, if the only contribution is a rollover or transfer from an existing Education Savings Account), leave blank.

☐ Check box if the Responsible Individual is the Donor and continue to Section 4.

Donor's Name (First, Middle, Last)	Social Security Number	Date of Birth (MM-DD-YYYY)
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Mailing Address (P.O. Box is not acceptable)

City	State	Zip
(       )		

Phone	Email
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4. Type of Education Savings Account

A. Annual Contribution Education Savings Account

☐ Annual Contribution

For contributions sent between January and April 15, indicate whether it is for ☐ **current** or ☐ **preceding** calendar year. This contribution does not exceed the maximum permitted amount as described in the Coverdell Education Savings Account Disclosure Statement.

B. Rollover Education Savings Account

If this is a rollover or transfer of funds from an existing Education Savings Account, check the following box. Check the appropriate box to indicate whether the transaction is a rollover or direct transfer from another Education Savings Account custodian. (Note: You can only transfer or rollover amounts from another Education Savings Account. Transfers or rollovers from Traditional IRAs, Roth IRAs, an employer-sponsored plan, or any other similar arrangement are not permitted under federal law.) If this is a transfer directly from another custodian, complete the Education Savings Account Transfer Form.

☐ Rollover or Transfer of Existing Education Savings Account

- ☐ Transfer of existing Education Savings Account. Complete the Education Savings Account Transfer Form and return it with this form.
- ☐ Rollover of distribution from existing Education Savings Account to me within 60 days after distribution. The requirements for a valid rollover are complex. See the Coverdell Education Savings Account Disclosure Statement for additional information and consult your tax advisor for help if needed.

If you are transferring or rolling over an existing Education Savings Account, check the box to indicate the relationship between the Student for whom this account is being opened and the person for whose benefit the transferring account was maintained. This can be the same Student or a family member.

- |                                      |  |                                      |   |   |                                |
|--------------------------------------|--|--------------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> Same Person | <input type="checkbox"/> Step Parent         | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Child of Sibling | <input type="checkbox"/> Spouse of One of Foregoing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Child or Step Child | <input type="checkbox"/> Sibling     | <input type="checkbox"/> First Cousin     |   |                                |

5. Investment Selection

Invest the contributions to my Education Savings Account as shown below. Use the column for dollar amounts if you are sending a check or wire, or transferring or exchanging a specific dollar amount. Use the percentage column if you are transferring assets or doing a rollover.

Funds noted with an asterisk (\*) are closed to most new investors. For more information, refer to the “Who is Eligible to Invest in a Closed Fund” section of the Fund’s prospectus. A separate account will be established for each fund selected.

Artisan Partners Funds	Select Share Class <sup>1</sup>			Amount	or	Percentage
	Investor	Advisor	Institutional			
Developing World	<input type="checkbox"/> 2463	<input type="checkbox"/> 2464	<input type="checkbox"/> 2465	\$		%
Emerging Markets Debt Opportunities	<input type="checkbox"/> 2483	<input type="checkbox"/> 2484	<input type="checkbox"/> 2485	\$		%
Floating Rate	<input type="checkbox"/> 2480	<input type="checkbox"/> 2482	<input type="checkbox"/> 2481	\$		%
Focus	<input type="checkbox"/> 2470	<input type="checkbox"/> 2477	<input type="checkbox"/> 2478	\$		%
Global Discovery	<input type="checkbox"/> 2475	<input type="checkbox"/> 2431	<input type="checkbox"/> 2476	\$		%
Global Equity	<input type="checkbox"/> 1676	<input type="checkbox"/> 2479	<input type="checkbox"/> 2466	\$		%
Global Opportunities	<input type="checkbox"/> 1675	<input type="checkbox"/> 2456	<input type="checkbox"/> 1677	\$		%
Global Unconstrained	<input type="checkbox"/> 2486	<input type="checkbox"/> 2487	<input type="checkbox"/> 2488	\$		%
Global Value	<input type="checkbox"/> 1673	<input type="checkbox"/> 2457	<input type="checkbox"/> 1679	\$		%
High Income*	<input type="checkbox"/> 2454	<input type="checkbox"/> 2455	<input type="checkbox"/> 2468	\$		%
International	<input type="checkbox"/> 661	<input type="checkbox"/> 2458	<input type="checkbox"/> 662	\$		%
International Explorer		<input type="checkbox"/> 2493	<input type="checkbox"/> 2494	\$		%
International Small-Mid*	<input type="checkbox"/> 1465	<input type="checkbox"/> 2427	<input type="checkbox"/> 2467	\$		%
International Value*	<input type="checkbox"/> 1466	<input type="checkbox"/> 2459	<input type="checkbox"/> 1672	\$		%
Mid Cap	<input type="checkbox"/> 962	<input type="checkbox"/> 2460	<input type="checkbox"/> 1333	\$		%
Mid Cap Value	<input type="checkbox"/> 1464	<input type="checkbox"/> 2461	<input type="checkbox"/> 2450	\$		%
Select Equity	<input type="checkbox"/> 2429	<input type="checkbox"/> 2428	<input type="checkbox"/> 2430	\$		%
Small Cap	<input type="checkbox"/> 660	<input type="checkbox"/> 2469	<input type="checkbox"/> 2452	\$		%
Sustainable Emerging Markets	<input type="checkbox"/> 1674	<input type="checkbox"/> 2495	<input type="checkbox"/> 1671	\$		%
Value	<input type="checkbox"/> 1670	<input type="checkbox"/> 2462	<input type="checkbox"/> 1678	\$		%
Value Income	<input type="checkbox"/> 2489	<input type="checkbox"/> 2490	<input type="checkbox"/> 2491	\$		%
Sub-total				\$		100%
Acceptance fee of \$5 per Fund account <sup>2</sup>				\$		
TOTAL AMOUNT				\$		100%

<sup>1</sup> Investor Shares minimum investment: \$1,000 per Fund. (No minimum investment is required in the Investor Shares if you select an **Automatic Investment Plan—Section 8**). Advisor Shares minimum investment: \$250,000 per Fund. Institutional Shares minimum investment: \$1,000,000 per Fund. If you do not meet the minimum investment threshold for the share class you selected, your investment will be placed in the appropriate share class with a lower minimum investment threshold. <sup>2</sup> If you do not include the \$5 per Fund account acceptance fee in your check or wire, it will be deducted from your investment.

Custodian Fees

Acceptance Fee: \$5 per Fund account. Annual Maintenance Fee: \$15 per Fund account (maximum \$30 per social security number). Termination, Rollover or Transfer of Account to successor Custodian: \$10 per Fund account.

Payment Method

- ☐ **Check payable to: Artisan Partners Funds**  
(**Note:** Artisan Partners Funds does not accept cash, drafts, money orders, travelers checks, credit card payments, credit card checks, starter checks, third party checks or checks drawn on non-US financial institutions.)
- ☐ **Wire \$**   
  
Date of Wire:   
(**Note:** Wire transfers from a financial institution outside the US will generally not be accepted. Please call 800.344.1770 for wiring instructions.)
- ☐ **Transfer from another Education Savings Account**  
Please complete Artisan Partners Funds Education Savings Account Transfer Form
- ☐ **Exchange** from my identically registered Artisan Partners Funds Account Number:
- ☐ **Automatic Investment Plan**  
(No minimum—Complete Sections 7 & 8)

6. Beneficiary Designation

I hereby make the following designation of beneficiary in accordance with the Coverdell Education Savings Account Disclosure Statement and Custodial Agreement:

(If Beneficiary is a minor, provide the minor's name, social security number, date of birth, street address and assign a custodian and provide custodian's name, social security number, date of birth and street address.)

In the event of the Student's death, pay any balance in the Education Savings Account to the following Beneficiary(ies) who survive(s) the Student. I revoke all prior Education Savings Account beneficiary designations, if any, made by me for these assets. Make payment in the percentages specified below (or in equal percentages (totaling 100%) if no allocations are specified). If any Beneficiary predeceases the Student, his or her share is to be divided among the Beneficiaries who survive(s) the Student in the relative proportions assigned to each such surviving Beneficiary.

				%
Beneficiary's Name (First, Middle, Last)		Relationship to Student		
Social Security Number / Tax Identification Number		Date of Birth (MM-DD-YYYY)		
Street Address (P.O. Box is not acceptable)				
City	State	Zip		
				%
Beneficiary's Name (First, Middle, Last)		Relationship to Student		
Social Security Number / Tax Identification Number		Date of Birth (MM-DD-YYYY)		
Street Address (P.O. Box is not acceptable)				
City	State	Zip		100%

If there is no designated Beneficiary living at the time any such payment becomes due, the payment shall be made to the Student's estate, unless otherwise required under the laws of my state of residence.

## 7. Account Options and Account Information

### Telephone Options

#### Redemption

By default, you are automatically enrolled in the telephone redemption option. If you wish to decline this option, check the box below.

☐ I do not want the telephone redemption option.

#### Purchase

Check the box below to authorize the telephone purchase option (\$50 minimum; \$50,000 maximum).

☐ I want the telephone purchase option.

Your purchase will be effected on the business day of your call, if you call before the time as of which the Fund calculates its Net Asset Value (NAV), or on the next business day after your call if you call after the time as of which the Fund's NAV have been calculated for the day. You must provide bank account information in Section 7 and attach a voided check to request this option.

### Electronic Documents

#### Website Access available at [www.artisanpartners.com](http://www.artisanpartners.com)

Offering shareholders easy-to-use, 24 hours a day, 7 days a week access to Fund and account information. You can obtain a prospectus, additional applications and more. Additionally, once your account has been established, online Account Access can provide you with immediate, secure access to your account information.

### Consent to E-Delivery

Reduce clutter in your mailbox and help the environment by signing up for E-Delivery. Indicate if you would like to receive your statements and other important documents online. You will receive a notification to the email address on record informing you that the documents are available for viewing online. You can change this election at any time. Confidential account information will not be sent via email.

☐ All Available Documents

OR select document type(s):

☐ Fund Reports, Prospectus, Privacy Statements, Proxies and Special Announcements

☐ Account Statements

☐ Confirmations

☐ Tax Forms

### Escheatment

If no activity occurs in your account within the time frame specified by applicable state law, your account may be transferred to the appropriate state. This is called escheatment. Escheatment laws vary state by state. We strongly encourage you to contact us via phone or log into your account at least once per year. It is also important that you inform the Funds promptly of any changes to your account.

7. Account Options and Account Information (continued)

Bank Account of Record

Provide the ACH and/or wire instructions for your US Bank account here. Verify with your bank that it can accept incoming ACH transfers. Your bank may have specific account instructions that are different from the information printed on your check or bank statement. Your bank also may have different ACH and wire instructions.

Name of US Bank

Street Address

US Bank Routing Number

Account Name

Account Number

By signing this application, I authorize Artisan Partners Funds to institute credit entries (deposits), debit entries (withdrawals) and adjustments for any entries made in error to my US bank account identified above. This authorization will remain in effect until I notify Artisan Partners Funds in writing of its termination and until Artisan Partners Funds has a reasonable time to act on that termination.

Provide Information to an Interested Party

I/We direct Artisan Partners Funds to release any information about this account (including but not limited to share balance, market value and transaction history) upon request and to send duplicate transactions confirmations and account statements to:

Contact Name (1)

Firm

Street Address or P.O. Box

City

State

Zip

Contact Name (2)

Firm

Street Address or P.O. Box

City

State

Zip

Contact Name (3)

Firm

Street Address or P.O. Box

City

State

Zip

Contact Name (4)

Firm

Street Address or P.O. Box

City

State

Zip

\*Attach a separate list for additional interested party addresses.

8. Automatic Investment Plan (AIP)

Establish automatic investments in your account(s) through deductions from your bank account. (\$50.00 minimum investment required per month)

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Fund Name	Amount	Start Date	Day(s) of Month
Fund Name	Amount	Start Date	Day(s) of Month
Fund Name	Amount	Start Date	Day(s) of Month

Complete Section 7, Bank Information, to establish an Automatic Investment Plan.

An AIP normally becomes active 15 days after this form is processed. Designate a date between the 3rd and 28th day of the month only. If you are establishing an AIP and no start date is provided, the AIP will begin as soon as the option is established in accordance with the instructions provided. If no day or frequency is provided, investments will be made on or about the 15th business day of every month.



## 9. Signature and Certifications

### By signing this form, I certify that:

I have received and read the applicable sections of the “Artisan Partners Funds, Inc. / UMB Bank, n.a. Coverdell Education Savings Account Disclosure Statement” relating to this Education Savings Account (including the Custodian’s fee schedule) and the Custodial Agreement. I acknowledge receipt of the Coverdell Education Savings Account Disclosure Statement and Custodial Agreement at least 7 days before the date inscribed below and acknowledge that I have no further right of revocation.

I have received the current Fund prospectus and agree to be bound to its terms and received Artisan Partners’ Privacy Policy. I have full authority and legal capacity to purchase Fund shares for the benefit of the Student and establish and use any related privileges. I acknowledge that I have sole responsibility for my investment choices.

I consent to the delivery of a single “shared” copy of each prospectus and report to shareholders to me and all other shareholders who share my address. I understand that I may revoke my consent by calling Artisan Partners Funds at 800.344.1770 or by writing to Artisan Partners Funds.

If this is a Rollover Education Savings Account, the Donor certifies that any assets transferred in kind are the same assets received in the distribution being rolled over; that no other rollover from the transferring Education Savings Account has been made within the one-year period immediately preceding this rollover, and further that the assets being rolled over into this Education Savings Account were not previously rolled over into the transferring Education Savings Account within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Education Savings Account; and that the Student identified in Section 1 above is either the person for whose benefit the prior Education Savings Account was maintained or a member of such person’s family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an Annual Contribution Education Savings Account, the Donor certifies that the Student is less than 18 years old or is a Special Needs Student and that all contributions made on Student’s behalf to this or any other Education Savings Accounts do not exceed \$2,000 in a single tax year. If this is a Transfer or Rollover of an existing Education Savings Account, the undersigned certifies that the Student is less than 30 years old or is a Special Needs Student and that the relationship indicated in Section 4 is correct.

If this is a contribution from a corporate entity, the Donor represents that he/she has the requisite authority to sign this Application on behalf of such entity and that the establishment of the Education Savings Account and contribution thereto have been duly approved by all requisite corporate actions.

The undersigned acknowledges that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certifies that all information provided and certifications on this application are accurate and correct.

I agree that Artisan Partners, Artisan Partners Funds and any affiliate and/or any of their directors, employees and agents will not be liable for any loss, liability, tax cost, or expense for acting or refusing to act upon any written or telephonic instructions or inquiries received pursuant to any privileges, services or plans offered by the Funds and adopted by me, if such instructions or inquiries are reasonably believed to be genuine. Accordingly, I understand that I bear the risk of loss. I understand that any privileges, services, and/or plans offered by the Funds are subject to the terms and conditions set forth in the Artisan Partners Funds prospectus. This authorization and indemnification is a continuing one and the authorization shall remain in full force and effect until Artisan Partners Funds receives and has had a reasonable amount of time to act upon written notice from me. If an account has multiple owners, the Funds may rely on the instructions of any one account owner. The Funds may, in its sole discretion and for its own protection, require written authorization from all owners parties to act on the account for certain transactions (for example, to transfer ownership). I will review all statements upon receipt and will notify the Funds immediately if there is a discrepancy.

Each signature hereto acknowledges the responsibility to report all contributions to, or withdrawals from, the Education Savings Account correctly on the applicable tax returns, and to keep necessary records (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by me. I acknowledge that this application and the Custodial Agreement are the primary documents controlling the terms and conditions of this Education Savings Account.

I understand and acknowledge that Artisan Partners Funds is required to comply with various anti-money laundering laws and regulations and may be required by law to freeze an account, transfer an account or proceeds of an account to a governmental agency, provide a governmental agency information about transactions that have occurred in an account or take such other action as may be required by law.

I will not place transactions in the Education Savings Account for the benefit of any person other than the designated Beneficiary or Beneficiaries of this account (except for a transfer of shares to another account). I acknowledge that if the Funds determine that I have permitted another person or entity who is not the designated Beneficiary or Beneficiaries of the account to purchase or redeem shares through my account, the Funds may reject future purchases in my account and any related accounts.

### Taxpayer Identification Number Certification

I certify under penalties of perjury:

☐ I am a US citizen      ☐ I am a resident alien

I certify that under penalties of perjury that: (1) the Social Security Number or Taxpayer Identification Number provided in Section 1 is correct and (2) I am not subject to backup withholding due to failure to report interest and dividend income.

OR

☐ I am a non-resident alien and certify under penalties of perjury that I am not a US citizen or resident alien, and that I am an “exempt foreign person” as defined under IRS regulations. I have attached a completed W-8BEN form and a copy of my government-issued ID as proof of my foreign tax status.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

9. Signature and Certifications (continued)

Signatures Required (Name as it appears above)

Student's Signature (If the Student has obtained the age of majority in his/her state of residence)

Date (MM-DD-YYYY)

Donor's Signature (Or Representative of Corporate Entity and Title)

Date (MM-DD-YYYY)

If Student is a minor under the laws of Student's state of residence, acceptance by the Custodian of the contribution to this account is expressly conditioned upon the agreement of the Responsible Individual to be responsible for all requirements of the Student under the documents governing the Education Savings Account, and to exercise the powers and duties of the Student, with respect to the operation of the account by signing below. Upon reaching the age of majority in the state in which the Student then resides, the Student may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Education Savings Account. Absent such written notice by Student, Custodian shall have no responsibility to acknowledge Student's exercise of such powers and duties of administration.

Responsible Individual's Signature

Date (MM-DD-YYYY)

**CUSTODIAN ACCEPTANCE:** UMB Bank, n.a. will accept appointment as Custodian of the IRA owner's account. However, this Agreement is not binding upon the Custodian prior to the confirmation statement. Receipt by the Student of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as Custodian of the Account.

*(Retain a photocopy of the completed agreement for your records.)*



## FACTS

### WHAT DOES ARTISAN PARTNERS DO WITH YOUR PERSONAL INFORMATION?

#### Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

#### What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number
- account balances, transaction history and assets
- checking account information and wire transfer instructions

When you are *no longer* our customer, we continue to share your information as described in this notice.

#### How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons Artisan Partners chooses to share, and whether you can limit this sharing.

Reasons we can share your personal information	Does Artisan Partners share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

#### Questions?

Call 800.344.1770

## Who we are

### Who is providing this notice?

- Artisan Partners Limited Partnership and Artisan Partners Distributors LLC and their affiliates
- Pooled vehicles sponsored by Artisan Partners, including, without limitation, Artisan Partners Funds, Inc.

## What we do

### How does Artisan Partners protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

Within Artisan Partners, access to information about you is restricted to those employees who need to know the information to service your account.

### How does Artisan Partners collect my personal information?

We collect your personal information, for example, when you

- open an account or give us your contact information
- make a wire transfer or provide account information
- make deposits or withdrawals from your account

We also collect your personal information from other companies.

### Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

## Definitions

### Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Artisan Partners Funds, Inc., Artisan Partners Distributors LLC, Artisan Partners Limited Partnership, Artisan Partners Asset Management Inc., Artisan Partners UK LLP and their affiliates may share information among each other.*

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Artisan Partners does not share with nonaffiliates so they can market to you.*

### Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Artisan Partners does not jointly market.*