



Use this form to transfer Education Savings Account assets to an Artisan Partners Funds Coverdell Education Savings Account from your current custodian. Upon receipt of this form, we will contact your current custodian to arrange the transfer.

Please complete this entire Education Savings Account Transfer 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.

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

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. Information About the Person Who Controls the Current Account (Please type or print clearly)

To transfer your Education Savings Account, we need to know how it is registered with your current custodian. Complete a separate form for each account being transferred.

☐ **Mother** ☐ **Father** ☐ **Guardian** (If Guardian, submit proof of guardianship) ☐ **Student** (If Student, skip Section 2)

Name (First, Middle, Last) Social Security Number Date of Birth (MM-DD-YYYY)

Street Address*

City State Zip

Mailing Address (If different from Street Address)

City State Zip

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Phone Email

*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.

2. Student Information

Insert the name of the Student for whom the Education Savings Account is maintained (as specified in Section 1 of the Artisan Partners Funds Education Savings Account Application).

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

Street Address*

City State Zip

Mailing Address (If different from Street Address)

City State Zip

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Phone Email

*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.

3. Artisan Partners Funds Investment

Check one of the following:

- ☐ I am opening a new Artisan Partners Funds Coverdell Education Savings Account and am attaching my completed Education Savings Account Application.
- ☐ I already own an Artisan Partners Funds Coverdell Education Savings Account into which I am making this transfer:

Account Number	Amount (\$) or Percent (%)
Account Number	Amount (\$) or Percent (%)

As the undersigned, I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus for each Fund I select, as well as the ESA Disclosure Statement and Custodial Agreement which I have read carefully before signing. I understand that the requirements for a valid transfer to an Education Savings Account are complex and that I have the responsibility for complying with all requirements and for the tax implications of any such transfer.

Custodian Acceptance

UMB Bank, n.a. agrees to accept transfer of the above amount for deposit to the Artisan Partners Funds Coverdell Education Savings Account, and requests the liquidation and transfer of assets as indicated below.
See attached Letter of Acceptance for the signature of an authorized officer of the custodial agent.

Send redemption proceeds by check made payable to:	Mail to the following address:
Artisan Partners Funds	Artisan Partners Funds
FBO (SHAREHOLDER'S NAME)	P.O. Box 219322
	Kansas City, MO 64121-9322

4. Transfer Instructions

List the assets you are transferring to your Artisan Partners Funds Coverdell Education Savings Account. We will contact your current custodian to arrange the transfer.

A) Account Information

Owner's Name	Account Number
Name of Mutual Fund, Brokerage Firm or Bank in which your Education Savings Account is invested	

B) Current Custodian

Current Custodian's Name		
Mailing Address		
City	State	Zip

C) Transfer Type

Please transfer assets from the above account to Artisan Partners Funds. The transfer should be by check (Made payable to Artisan Partners Funds), wire or a transfer of shares of Artisan Partners Funds:

Transfer Assets in Cash

☐ Liquidate all or ☐ \$ _____ or ☐ _____ % of assets in the above-referenced account and transfer the proceeds to UMB Bank, n.a., custodian of my Artisan Partners Funds Education IRA. The check should be made payable to Artisan Partners Funds.

OR

Transfer in Kind

My assets currently include Artisan Partners Funds shares to be transferred in kind.

☐ All or ☐ \$ _____ or ☐ _____ % of assets in the above-referenced account.

5. Signature of Student, Parent or Guardian (If student is a minor, the parent or guardian must execute this form)

I certify to the current Coverdell Education Savings Account Custodian that I have established a successor Education Savings Account meeting the requirements of Internal Revenue Code Section 530 to which assets will be transferred, and further certify to UMB Bank, n.a. that the Education Savings Account from which assets are being transferred meets the requirements of Internal Revenue Code Section 530. By signing below, I authorize and direct the current Custodian to make the transfer specified in the form.

Signature (Name as it appears in Section 1)

Date (MM-DD-YYYY)

Medallion Signature Guarantee

Your current Custodian may require a Medallion Signature Guarantee in order to process the transfer. Please check with your Custodian and obtain a Medallion Signature Guarantee if necessary. 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. **Please note that a Notary Public stamp or seal is different from a Medallion Signature Guarantee and is not acceptable.**

Name of Bank or Firm Providing Medallion Signature Guarantee

Authorized Signature and Stamp

Date (MM-DD-YYYY)

