



Use this Account Application to establish a corporate or entity type account in an Artisan Partners Fund. Do not use this form to establish any type of individual, IRA or Coverdell Education Savings account. Applications for these types of accounts are available at [www.artisanpartners.com](http://www.artisanpartners.com).

### Important Information for Opening a New 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. Account Details/Type (Check the appropriate box below)

Name of Trust/Partnership/Corporation or Other Entity	Social Security Number/Tax Identification Number	Date of Trust (if applicable)
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- ☐ **Foundation** (Required Documentation: Articles of incorporation.)
- ☐ **Endowment** (Required Documentation: Pages in the trust document that show the name of the endowment and a listing of all trustees and their signatures.)
- ☐ **Non-profit Organization** (Required Documentation: Articles of Incorporation, Business License, LLC Agreement, Corporate Charter or similar Certificate of Good Standing from the Office of the Secretary of State or from the IRS confirming tax-exempt status.)

If one of the above are checked, proceed to Section 2. Please only complete the control person portion of Section 2.

- ☐ **Corporation** (Required Documentation: Articles of incorporation, state issued charter or certificate of good standing.)  
If a box is not checked below, we will treat your organization as an S Corporation for tax-reporting purposes.
- ☐ C Corporation    ☐ S Corporation
- ☐ **Limited Liability Company (LLC)** (Required Documentation: Articles of association, certificate of organization, or similar document.)  
Check one box below to indicate federal tax classification of LLC.
- ☐ C Corporation    ☐ S Corporation    ☐ Partnership
- ☐ **Partnership** (Required Documentation: Partnership agreement.)

If one of the above are checked, proceed to Section 2 and complete all sections.

- ☐ **Trust** (Required Documentation: Copy of the title and signature pages of the Trust document.)
- ☐ Statutory
- ☐ Other

If Statutory is checked, proceed to Section 2 and complete all sections. If Other is checked, Section 2 is not required, proceed to Section 3.

- ☐ **Estate** (Required Documentation: Certified copy of the court appointment of fiduciary, such as letters testamentary or letters of administration.)
- ☐ **Sole Proprietorship** (Required Documentation: Document filed to form the proprietorship.)
- ☐ **Retirement Plan governed by ERISA** (Required Documentation: Pages in plan's trust agreement that show the name of the plan, plan date and a listing of all trustees and their signatures.)
- ☐ **Financial Institution governed by a federal regulator** (Account is for own behalf or benefit of its client. Omnibus accounts may only be opened with Artisan Partners Funds approval.)
- ☐ **Bank governed by state bank regulator** (Account is for own behalf or benefit of its client. Omnibus accounts may only be opened with Artisan Partners Funds approval.)
- ☐ **Government entity or Government Plan**
- ☐ **Other** (Document filed to form the organization, or organization bylaws or similar document.) \_\_\_\_\_

If one of the above are checked, proceed to Section 3. Section 2 is not required.

## 2. Certification of Beneficial Owner(s)

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.

Refer to Section 1 to determine if your entity is required to complete this section.

## 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):

☐ US Citizen   
 ☐ Resident Alien\*   
 ☐ Non-Resident Alien\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN/ Tax Identification Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify to the best of my knowledge that the information provided above is complete and correct. (Same individual that signs section 8).

\*If you identify as a resident alien or non-resident alien, you must also supply a copy of documentary evidence (example: passport or government-issued ID that includes a photograph showing citizenship/tax residence in the foreign country being claimed).

## 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):

☐ US Citizen   
 ☐ Resident Alien\*   
 ☐ Non-Resident Alien\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN/ Tax Identification Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ US Citizen   
 ☐ Resident Alien\*   
 ☐ Non-Resident Alien\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN/Tax Identification Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ US Citizen   
 ☐ Resident Alien\*   
 ☐ Non-Resident Alien\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN/Tax Identification Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ US Citizen   
 ☐ Resident Alien\*   
 ☐ Non-Resident Alien\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN/Tax Identification Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If no individual meets this definition, check here ☐ not applicable

### 3. Authorized Individuals/Partners/Trustees

If you are establishing an account as a Corporation or Other Entity, provide information for the individuals authorized to effect transactions.

Authorized Individual/Trustee/Partner	Title	Signature
Authorized Individual/Trustee/Partner	Title	Signature

**Note:** If there are more than two Authorized Individuals/Trustees/Partners, attach a separate list with full names, titles, and signatures.

**Trustee Information** (for Trust account types only)  
Enter the number of trustees required to transact in the account. \_\_\_\_\_

Trustee Name (First, Middle, Last)	Date of Birth	Social Security Number/Tax Identification Number
Mailing Address		
City	State	Zip
Trustee Name (First, Middle, Last)	Date of Birth	Social Security Number/Tax Identification Number
Mailing Address		
City	State	Zip

**Note:** If there are more than two trustees, attach a separate list with the full details listed above.

### 4. Address

Mailing Address		
City	State	Zip
(      )		
Phone	Email	
<b>Note:</b> If mailing address above is a P.O. Box, a street address is required.		
Street Address		
City	State	Zip

Shares of the Funds are registered for sale to US residents only. You must provide a valid US address when opening an account.

5. Investment Selection

Carefully read the Fund's prospectus prior to investing. 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 Funds	Select Share Class <sup>1</sup>			Amount
	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	\$
TOTAL AMOUNT				\$

<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 7**). 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.

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.)
- ☐ **Exchange** from my identically registered Artisan Partners Funds Account Number:
- ☐ **Automatic Investment Plan**  
(No minimum—Complete Sections 6 & 7)
- ☐ **Transfer In-Kind** (Complete transfer form available at [www.artisanpartners.com](http://www.artisanpartners.com))

## 6. Account Options

### Cost Basis

Select one of the following cost basis methods. Your election will be used when calculating the gain or loss for all future sales of shares. If no election is made, the Funds default cost basis method of Average Cost will be applied to your account(s).

- |  |   |
|--|---|
| <input type="checkbox"/> Average Cost (ACST)   | <input type="checkbox"/> First In, First Out (FIFO)   |
| <input type="checkbox"/> Last In, First Out (LIFO)   | <input type="checkbox"/> High Cost, First Out (HIFO)  |
| <input type="checkbox"/> Low Cost, First Out (LOFO)  | <input type="checkbox"/> Loss/Gain Utilization (LGUT) |
| <input type="checkbox"/> Specific Lot Identification (SLID) (Complete Secondary Election)                  |   |
| <input type="checkbox"/> Secondary Election: _____ (For SLID method—options: FIFO, LIFO, HIFO, LOFO, LGUT) |   |
- (Secondary Method will be used in the event of any automated transactions, or for a redemption placed without specific lot identification.)

Consult your tax advisor to determine which method best suits your individual tax situation. Your elected cost basis method will be applied to future accounts opened in the Funds with the same account type and registration. For more information regarding cost basis reporting, please visit [www.artisanpartners.com](http://www.artisanpartners.com) or call 800.344.1770.

### Distribution Options

All distributions will be automatically reinvested if no selection is made.

- |                                       |                                   |                                      |
|---------------------------------------|-----------------------------------|--------------------------------------|
| Ordinary Dividends:                   | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Pay in cash |
| Short Term & Long Term Capital Gains: | <input type="checkbox"/> Reinvest | <input type="checkbox"/> Pay in cash |

If any distributions are to be paid in cash, specify payment method:

- ☐ Deposit to your US bank account via Automated Clearing House/Electronic Funds Transfer (EFT). You must provide bank account information in Section 6 and attach a voided check to request this option.
- ☐ Send check to mailing address listed in Section 4.

### 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 6 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 provided in Section 4 informing you that the documents are available for viewing online. You can change this election at any time.

- ☐ 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.

6. Account Options (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 (if applicable)

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

Contact Name (1)

Firm

Email

If the contact above wishes to receive duplicate statements via USPS mail, complete the information below.

Street Address or P.O. Box

City

State

Zip

Contact Name (2)

Firm

Email

If the contact above wishes to receive duplicate statements via USPS mail, complete the information below.

Street Address or P.O. Box

City

State

Zip

Contact Name (3)

Firm

Email

If the contact above wishes to receive duplicate statements via USPS mail, complete the information below.

Street Address or P.O. Box

City

State

Zip

Contact Name (4)

Firm

Email

If the contact above wishes to receive duplicate statements via USPS mail, complete the information below.

Street Address or P.O. Box

City

State

Zip

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

7. 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
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 6/7, 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.

8. Signatures

By signing this form, I certify that:

I have received and read the current Artisan Partners Funds prospectus and agree to be bound by its terms and by the terms and conditions of this Account Application. I have full authority and legal capacity to purchase Fund shares and establish and use any related privileges. I understand the fund’s model, believe it is suitable for my goals, and agree to be bound by the terms in the fund’s prospectus. I acknowledge that I have sole responsibility for my investment choices. All information and certifications on this application are true 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, 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.

Social Security Number/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.

Signature(s) Required. Signature must match name(s) listed in Section 3.

Trustee, Partner, Officer or other Authorized Signatory

Name	Date
Signature	Title
Name	Date
Signature	Title

**Note:** If shares are to be registered in (1) a trust, the trustees should sign, (2) an estate, the executors should sign, or (3) a corporation or other entity, an officer should sign, print name and title, and date on space provided above.



9. For Corporations, Organizations or Partnerships Only

Certification by Officer

This section serves as a certified corporate/organization/partnership resolution with a list of officers authorized to transact in the accounts established with this form. It eliminates the need to provide a resolution with each written transaction request. The Funds will keep this Resolution on file, where it will remain in full force and effect until a written revocation of the Resolution is delivered to the Funds, and the Funds have had a reasonable amount of time to act upon it.

If the account will be registered with a bank or brokerage firm listed as trustee and the bank or brokerage firm will be providing all instructions on the account(s), do not complete this section.

Provide the name of the corporation, organization, or partnership and the name, title, and signature of the authorized officers below. If you want to authorize more than four officers, write “see attached” on the first line, and attach a separate sheet with each officer’s name, title, and signature. If you have a separate Resolution which lists the authorized officers, provide the name of the corporation, organization, or partnership below and attach the Resolution to this form.

As an authorized officer of:

Corporation/Organization/Partnership’s Name

I hereby certify that the officer(s) listed below:

Name/Title	Signature
Name/Title	Signature
Name/Title	Signature
Name/Title	Signature

are duly authorized by resolution to act on behalf of the Corporations/Organizations/Partnership specified above in connection with the account(s) established with this Account Application. The above-named officer(s) are authorized to invest the assets of the Corporation/Organization/Partnership; to give instructions for the purchase, sale, exchange, or transfer of shares; and to execute and deliver any forms or instructions in connection with those shares.

The Corporation/Organization/Partnership listed agrees to indemnify and hold Artisan Partners Funds and Artisan Partners, and any affiliate and/or any of their directors, employees, and agents, harmless from acting upon instructions believed by the Funds to have originated from the officer(s) named above. This Resolution is to remain in effect until revoked in writing by one of the officers named above and delivered to the Funds. The revocation will not affect any liability resulting from transactions initiated before the Funds have had a reasonable amount of time to act upon the revocation. I am authorized and directed to certify the above and that these provisions conform with the charter of the Corporation/Organization/Partnership.

Number of Signatures Required to Transact

Enter the number of signatures required to transact in the account(s). If a number is not given, all signatures will be required on written transaction requests.  
**Note:** Telephone requests may be made by any one of the officers listed above.

Signature of Authorized Individual

To the above I set my signature and seal of the Corporation/Organization/Partnership.

Secretary/Officer/Partner’s Signature	Name/Title	Date
---------------------------------------	------------	------

Affix Corporation/Organization/Partnership Seal

**Note:** If separate Resolution is attached, “see attached” may be written in this space. If the Corporation/Organization/Partnership does not have a seal, the word “seal” may be written in this space.



## 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.*