

Gift or Transfer of Shares Form

Use this form to make a gift or transfer shares to an individual or a non-profit organization. Do not use this form for an IRA account.

To transfer your account, we need to know how it is currently registered. Complete a separate form for each account being transferred.

Please complete this entire Gift or Transfer of Shares 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 gifting or transferring shares. A Medallion Signature Guarantee is necessary to transfer shares.

For Regular Mail Delivery

Kansas City, MO 64121-9322

Questions? Call 800.344.1770 or visit www.artisanpartners.com

Artisan Partners Funds P.O. Box 219322

For Overnight Delivery Artisan Partners Funds 801 Pennsylvania Ave, Suite 219322 Kansas City, MO 64105-1307

1. Account Registration (Please type or print clearly)

Artisan Fund/Account Number	
Social Security Number/Tax Identification Number	Date of Birth (MM-DD-YYYY)
State	Zip
Email	
	Social Security Number/Tax Identification Number State

2. Transfer Instructions

Fund Name	Account Number	
Transfer the amount indicated below: (check one box	only)	
☐ Transfer percentage of account: ☐ Transfer dollars: \$ ☐ Transfer shares: #	% (if total account, enter 100%)	
Transfer to: (check one box only)		
☐ New Artisan Partners Funds account (Please have no	ew owner complete a new account application.)	
\square Existing account (Shares must be transferred to an account	ount within the same Fund.)	
☐ Redeem (Please have inheritor complete a Redemption	Form and Form W-9)	
Fund Name	Account Number	Amount (\$ or #) or Percent (%)
Additional Fund Name	Account Number	Amount (\$ or #) or Percent (%)

3. Reason for Transfer

	of transfer requested and provide de	tails where applicable
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☐ Re-registration ☐ Death (inheritance)	☐ Alternate Valuation Date ² _	(MM-DD-YYYY)
Date of Death (MM-DD-YYYY) Required	OR: Alternate Value ² \$	(antional)
☐ Gift¹	Alternate value 3	(ορισταί)
Date of Gift (MM-DD-YYYY) Required		
☐ Minor has reached the Age of Majority		
If the recipient's existing account or new account will use to valued at fair market value of the date of gift or settlement		
Fair Market Value Acceptance		
Signature	e of Recipient	
If a reason is not provided this transfer will be defaulted a t	ransfer due to gift.	
¹ If you are transferring shares of a closed Artisan Partners Fund as a g eligible to open an account in a closed Fund. For closed Fund eligibili		from the recipient are generally not permitted unless they are otherwise e to Invest in a Closed Fund?" section of the prospectus.
	after the date of death. The principal reaso	ifferent valuation date in certain cases. If the estate qualifies for this election, on for making this election is to reduce the amount of estate tax that must etermine your basis.
. Cost Basis Information		
	change your cost basis election, you	or this transaction unless you provide specific share lots below can do so by completing a new Shareholder Options Form or
Date of Purchase (MM-DD-YYYY)	Number of Shares	
Date of Purchase (MM-DD-YYYY)	Number of Shares	

5. Signature

I have requested that the instructions requested on this form be made to my account. I indemnify Artisan Partners Funds, its transfer agent, and any officers, directors, employees, or agents of these entities for following the instructions I indicate on this form. I understand that once this request is received and processed the transactions can not be reversed.

I agree that Artisan Partners and their affiliates, agents, employees, officers, and directors will not be liable for any loss, claim, or expense for 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.

I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify Artisan Partners Funds, their transfer agent, and their respective agents, officers, trustees, directors or employees with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

If you have any questions, please visit www.artisanpartners.com or call 800.344.1770 to speak with a customer service representative.

Owner's Signature (Name as it appears in Section 1)		Date (MM-DD-YYYY)
Joint Owner's Signature (Name as it appears in Section	on 1)	Date (MM-DD-YYYY)
Medallion Signature Guarantee. If the surety k	otained from a bank, credit union, or brokerage firm (cal bond amount of the medallion guarantee is less than th amp or seal is different from a Medallion Signature Guar	e amount of your transaction(s), your request will be
Name of Bank or Firm		
Authorized Signature and Stamp		Date (MM-DD-YYYY)
	Stamp	