



Coverdell Education Savings Account Transfer Form

Mail to: Ariel Investment Trust
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Ariel Investment Trust
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

! Please use this form to transfer assets from an existing Education Savings Account to a(n) Ariel Investments Education Savings Account. If you are opening a new Education Savings Account for this transfer, please complete an Education Savings Account Application. Once completed, mail this application to the address above.

PLEASE PRINT ALL ITEMS EXCEPT SIGNATURE(S) AND BE SURE TO SIGN SECTION 5 OF THIS FORM.

1 Name, Address and Consent of Person Who Controls the Current Account

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PARENT / GUARDIAN FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>		<input type="text"/>
DATE OF BIRTH	MAILING ADDRESS		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMAIL ADDRESS	DAYTIME PHONE NUMBER		EVENING PHONE NUMBER

2 Name of Student (For whom the education savings account is benefiting)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME OF STUDENT	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>		<input type="text"/>
DATE OF BIRTH	MAILING ADDRESS		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMAIL ADDRESS	DAYTIME PHONE NUMBER		EVENING PHONE NUMBER

3 Instruction to Current Education Savings Account Custodian or Trustee

<input type="text"/>	<input type="text"/>
CURRENT ACCOUNT NUMBER	NAME OF CUSTODIAN / TRUSTEE
<input type="text"/>	<input type="text"/>
MAILING ADDRESS	CITY / STATE / ZIP

Please transfer assets from the above account to U.S. Bank, N.A. Transfer should be in cash according to the following instructions:

- ☐ Transfer the total amount in this Account.
- ☐ Transfer \$ _____ or _____ shares and retain the balance.
- ☐ **Make check payable to Ariel Investment Trust** - Funds may not be available for 12-15 Business days
- ☐ First Class Mail ☐ Overnight Delivery - Take the fee from my account ☐ Overnight Delivery via Third Party - Charge the fee to my FedEx or UPS account
- ☐ FedEx ☐ UPS Account/Billing Number _____

4 Fund Section

Please indicate the amount to be invested in each fund

Check one box and complete the necessary information:

☐ Invest the transferred amount in accordance with the investment instructions currently in effect for the Student's Ariel Investments Education Savings Account.

If such an Account is already open, please provide the account number:

☐ Invest the transferred amount to my Education Savings Account as follows:

	Amount To Be Invested		Percentage
<input type="checkbox"/> Ariel Fund	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="checkbox"/> Ariel Appreciation Fund	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="checkbox"/> Ariel Focus Fund	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="checkbox"/> Ariel International Fund	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="checkbox"/> Ariel Global Fund	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="checkbox"/> State Street Institutional U.S. Government Money Market Fund	\$ <input type="text"/>	OR	<input type="text"/> %
Total All Funds	<input type="text"/>	OR	<input type="text"/>

The undersigned acknowledges having sole responsibility for the foregoing investment choices and having received a current prospectus for each Fund selected. Please read the prospectus(es) for the Ariel Investment Trust selected, including the privacy notice. The undersigned understands that the requirements for a valid transfer between Education Savings Accounts are complex and acknowledges having responsibility for complying with all the requirements and for the tax results of any such transfer.

5 Signature

X

SIGNATURE OF RESPONSIBLE PARTY

DATE (MM/DD/YYYY)

SPECIAL NOTE: If Student is a minor under the law of Student's state of residence, the parent or guardian must execute this Education Savings Account Transfer of Assets Form.

SIGNATURE GUARANTEE: (only is required by current custodian or trustee) A signature guarantee may be obtained from a bank, a member of a national securities exchange, savings and loan associations, credit union, broker, or other acceptable financial institutions. Please note that a Notary Public stamp or seal is unacceptable.

SIGNATURE GUARANTEE BY:

NAME OF BANK OR DEALER FIRM

SIGNATURE OF OFFICER AND TITLE

6 Acceptance by New Custodian

To be complete by U.S. Bank, N.A.

U.S. Bank, N.A. agrees to accept transfer of the above amount to deposit to the Student's U.S. Bank, N.A. Coverdell Education Savings Account, and requests the liquidation and transfer of assets as indicated above.

Appointment as Custodian accepted:

U.S. BANK, N.A.

