



# Coverdell Education Savings Account Application

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

**Overnight Mail:**  
Ariel Investment Trust  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St. Fl 3  
Milwaukee, WI 53202-5207

For additional information please call toll-free 800-292-7435 or visit us on the web at [arielinvestments.com](http://arielinvestments.com).

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## 1 Designated Beneficiary | Account Holder

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Check if minor should receive statements.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

## 2 Responsible Party

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	
DATE OF BIRTH (MM/DD/YYYY)	EMAIL ADDRESS	

The following 2 options will be added to your account. If you do **not** want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
  - The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
  - The responsible party may not change the beneficiary.

### 3 Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

Coverdell Education Savings Account (CESA)

For Tax Year \_\_\_\_\_

Rollover Account – specify the type of rollover:

Account Holder’s CESA to Account Holder’s CESA

Qualifying Family Member’s CESA to Account Holder’s CESA

Transfer Account – a direct transfer from current CESA custodian.

### 4 Investment Options

**By check:** Make check payable to **Ariel Investment Trust**.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler’s checks or starter checks for the purchase of shares.

**By wire:** Call 800-292-7435.

Note: A completed application is required in advance of a wire.

#### Investor Class

Minimum Initial Investment: \$1,000

#### Investment Amount or Percentage

- |   |    |                      |    |                      |   |
|---|----|----------------------|----|----------------------|---|
| <input type="checkbox"/> Ariel Fund<br>2220 / ARGFX               | \$ | <input type="text"/> | OR | <input type="text"/> | % |
| <input type="checkbox"/> Ariel Appreciation Fund<br>2221 / CAAPX  | \$ | <input type="text"/> | OR | <input type="text"/> | % |
| <input type="checkbox"/> Ariel Focus Fund<br>2222 / ARFFX         | \$ | <input type="text"/> | OR | <input type="text"/> | % |
| <input type="checkbox"/> Ariel International Fund<br>2225 / AINTX | \$ | <input type="text"/> | OR | <input type="text"/> | % |
| <input type="checkbox"/> Ariel Global Fund<br>2226 / AGLOX        | \$ | <input type="text"/> | OR | <input type="text"/> | % |

## 4 Investment Options continued

### Institutional Class

Minimum Initial Investment: \$1,000,000

### Investment Amount or Percentage

- Ariel Fund  
2230 / ARAIX      \$  OR  %
- Ariel Appreciation Fund  
2231 / CAAIX      \$  OR  %
- Ariel Focus Fund  
2232 / AFOYX      \$  OR  %
- Ariel International Fund  
2235 / AINIX      \$  OR  %
- Ariel Global Fund  
2236 / AGLYX      \$  OR  %

### Money Market Fund

- State Street Institutional U.S.  
Government Money Market Fund\*\*  
2148 / SALXX      \$  OR  %

\*\*In order to invest in the State Street Institutional U.S. Government Money Market Fund, an account in one of our Funds must be established prior to, or in conjunction with, opening an account containing the State Street Institutional U.S. Government Money Market Fund. An investment in the State Street Institutional U.S. Government Money Market Fund is not a deposit of any bank and is not insured or guaranteed by the FDIC or any other government agency. If you are purchasing shares of the State Street Institutional U.S. Government Money Market Fund, you will receive the prospectus with the confirmation of your purchase.

## 5 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases\*, redemptions\* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

\* You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.

Please check the box below if you wish to **decline** these options. If the options are not declined, you are acknowledging acceptance of these options.

**I decline telephone and/or internet transaction privileges.**

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information at 800-292-7435.

## 6 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to the Bank Information section of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts.

### Draw money for my AIP Monthly

\$50 minimum

Ariel Fund

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Ariel Appreciation Fund

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Ariel Focus Fund

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Ariel International Fund

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Ariel Global Fund

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

#### Please keep in mind that:

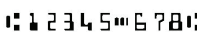

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- An AIP will cease on the day the beneficiary (minor) reaches the age of 18.

## 7 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through (“for further credit”) accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

Note: There is a \$15 fee for next day wire and no fee for ACH (transfer takes 2-3 days.)

John Doe	53289
Jane Doe	
123 Main St.	
Anytown, USA 12345	
VOID	
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
 	

## 8 Custodial Fees - Payment Options

For the additional tax reporting and record-keeping services associated with CESAs, shareholders pay a \$15 annual fee or a \$60 one-time lifetime fee. This fee is assessed per Social Security number (not per account) and covers your CESA as well as all of your Ariel Investment Trust retirement accounts (Traditional, Roth, Rollover, etc.). If you do not select a fee option below, the \$15 fee will be deducted from your account.

### Fee Options (select one)

Lifetime fee \$60  Annual fee \$15

### Fee Payment Method

- Fee deducted (from my enclosed investment check payable to Ariel Investment Trust).  
 Fee deducted (in a separate personal check payable to Ariel Investment Trust).  
 I am an existing Ariel IRA shareholder and have already paid the annual or lifetime fee.

## 9 E-Delivery Options

### I would like to:

- Receive prospectuses, annual reports and semi annual reports electronically  
 Receive statements electronically  
 Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting [arielinvestments.com](http://arielinvestments.com).

**Please note, you must provide your email address in the Responsible Party section to enroll in eDelivery.**

## 10 Beneficiary Information (Due to Death of Account Holder)

If you need more space, please enclose a separate sheet of paper.

### Primary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%

### Secondary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	%

## 11 Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt Ariel Investment Trust Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for Ariel Investment Trust (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I, as the Responsible Party, am of legal age and have the legal capacity to make this purchase.

✓ I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

X

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:  
U.S. BANK, N.A.



Gregory Farley  
Senior Vice President-Mutual Fund Operations

### Before you mail, please:

- Complete all USA PATRIOT Act required information in the Designated Beneficiary and Responsible Party sections
  - Social Security Number
  - Date of Birth
  - Full Name
  - Permanent Street Address
- Enclose your personal check made payable to Ariel Investment Trust
- Include a voided check or savings deposit slip, if applicable
- Sign your application in Signature section
- Enclose additional documentation, if applicable