



# Payroll Deduction Form

Authorization for payroll direct deposit to a Ariel Investment Trust account

Please complete this application and give it to your payroll department to establish your Payroll Deduction Deposit Plan ("the Plan") with the Ariel Investment Trust. Before completing this application, check with your payroll department regarding the availability of this service through the Automated Clearing House. Please print all information except signatures.

**NOTE:** You must have an existing account before establishing payroll deductions.

## 1 Employee/Employer Information

<input type="text"/>	<input type="text"/>
EMPLOYEE'S NAME	EMPLOYEE'S PAYROLL NUMBER IF DIFFERENT FROM SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>
EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER
<input type="text"/>	<input type="text"/>
EMPLOYER'S ADDRESS	CITY / STATE / ZIP

## 2 Amount of Investment

I understand that \$ \_\_\_\_\_ will be deducted from my pay each pay period.

If you would like to have additional payroll direct deposits into other Ariel Investment Trust or Accounts, please fill out a separate application for each fund/account.

**You may change this amount at any time by notifying your payroll department.**

## 3 Account Information

All Payroll Deduction Plan Deposits to retirement accounts will be reported as current year contributions.

<input type="text"/>	<input type="text"/>
REGISTERED OWNER(S) ON ARIEL INVESTMENT TRUST ACCOUNT	EVENING PHONE NUMBER
<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER	NAME OF ARIEL INVESTMENT TRUST TO RECEIVE INVESTMENTS
<input type="text"/>	88- _____ -0- _____
ADDRESS	ARIEL INVESTMENT TRUST Account Number from your statement
<input type="text"/>	<b>NOTE:</b> The first four dashes are for your fund number (1441, 1444, etc.), and the last ten dashes are for your account number. If your account number has fewer than ten digits, please insert sufficient zeros <b>before</b> the account number
CITY / STATE / ZIP	<b>07500022</b> Routing number for employer reference only.
<input type="text"/>	
DAYTIME PHONE NUMBER	

## 4 Signature & Certification

I hereby authorize my employer to automatically deduct from my paycheck the total amount specified in Amount of Investment section and transmit that amount to the Ariel Investment Trust investment account (hereinafter referred to as "Account") number indicated in Account Information section. Investments will be made at the then current net asset value of each fund selected including any applicable sales charge. All instruction under the Plan, including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. If monies to which I am not entitled are transmitted by my employer to my Account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the Fund and its transfer agent to follow all instruction by my employer in connection with transactions made under the Plan, including the redemption of fund shares, an I agree not to make claims against the Fund or its transfer agent for following the instructions of my employer. The availability of funds in my Account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

<input checked="" type="checkbox"/>	<input type="text"/>
EMPLOYEE'S SIGNATURE	DATE (MM/DD/YYYY)

Submit this completed form to your payroll department.

Payroll Department use only.

<input checked="" type="checkbox"/>
NAME OF PAYROLL DEPARTMENT REPRESENTATIVE (PLEASE PRINT)

Questions? Please call us at  
800-292-7435.

<input type="text"/>	<input type="text"/>
SIGNATURE OF PAYROLL DEPARTMENT REPRESENTATIVE	DATE (MM/DD/YYYY)