



Mutual Funds Redemption Form

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

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

For additional information please call toll-free 800-292-7435 or visit us on the web at arielinvestments.com.

Do not complete this form for IRA distributions. Please complete the IRA/Qualified Plan Distribution Request Form. If the request is for a Required Minimum Distribution (RMD), please complete the Required Minimum Distribution Form. You may wish to consult a professional tax advisor with any further questions regarding your specific situation.

1 Account Information

If this box is checked, I/we give Ariel Investment Trust authorization to update the address of record to the address listed below if it is different than the Fund's records for all accounts associated with the Social Security number(s) or Tax ID number(s) provided. All future correspondence will be sent to the new address. A signature of all owners must be included in the Signature & Certification section in order for this change to be valid. Distributions to a new address will require a signature guarantee in the Signature & Certification section of this form.

<input type="text"/>		<input type="text" value="XXX-XX-"/>
NAME OF TAXABLE OWNER / MINOR / TRUST		SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
<input type="text"/>		<input type="text" value="XXX-XX-"/>
NAME OF JOINT OWNER / CUSTODIAN / TRUSTEE		SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
<input type="text"/>		<input type="text" value="XXX-XX-"/>
NAME OF JOINT OWNER / TRUSTEE		SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS		DAYTIME TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE

Please indicate the account(s) to be redeemed:

<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER

2 Redemption Amount

Please indicate the amount of the redemption you are requesting. A signature guarantee may be required based on the dollar amount of your redemption. Please consult the Fund's prospectus.

- Redeem entire balance of the account Redeem _____ shares
- Redeem \$ _____ Redeem all but _____ shares
- Redeem all but \$ _____

3 Delivery Instruction

Redemption should be paid in the following manner (please select one):

Send a check to the address of record on my account via:

- Regular Mail
 Overnight Mail (a \$15.00 fee applies)

Wire redemption to:

- The bank information currently on file
 New bank information*

Note: A \$15.00 fee applies.

Electronic Funds Transfer via Automated Clearing House (ACH) to:

- The bank information currently on file
 New bank information*

Note: No fee applies. ACH transfers take 2-3 business days.

Alternate payee and/or address other than the address of record. A signature guarantee is required in the Signature & Certification section. Please complete the spaces below with the applicable payee and address information.

NAME OF PAYEE

ADDRESS

CITY / STATE / ZIP

* A voided check or pre-printed deposit slip must be attached in the Bank Information section.

4 Bank Information

Please attach a pre-printed, voided check, or a pre-printed deposit slip below, if applicable.

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	DOLLARS
Memo _____	Signed _____
VOID	
⑆ 1 2 3 4 5 6 7 8 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆	

We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

Sending the proceeds of the redemption to new bank information may require a signature guarantee per the Fund's prospectus.

5 Signature & Certification

I have received and understand the prospectus for my mutual fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. 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 am of legal age and have legal capacity to initiate requests on the selected accounts.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. U.S. Bank Global Fund Services and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in this form is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

***If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**

PRINTED NAME OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

PRINTED NAME OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

PRINTED NAME OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

SIGNATURE OF JOINT OWNER / CO-TRUSTEE / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

If required, a signature guarantee or a signature validation may be obtained from an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public from a financial institution is not an acceptable guarantee. We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation. Please review the form and Fund's prospectus regarding signature guarantee requirements.

SIGNATURE GUARANTEE/SIGNATURE VALIDATION/NOTARY STAMP

DATE (MM/DD/YYYY)

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.