



# IRA Beneficiary Designation Addendum: Per Stirpes

**Regular Mail:**

Ariel Investment Trust  
c/o U.S. Bank Global Fund Services  
PO Box 219227  
Kansas City, MO 64121-9227

**Overnight Delivery:**

Ariel Investment Trust  
c/o U.S. Bank Global Fund Services  
801 Pennsylvania Ave., Suite 219227  
Kansas City, MO 64105-1307

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

This addendum must be completed and executed to the satisfaction of U.S. Bank Global Fund Services (Fund Services). In the event the form is not fully completed and/or executed, Fund Services reserves the right not to honor the per stirpes beneficiary designation and distribute the account assets according to the defaults within the Disclosure Statement and Custodial Account Agreement. You may wish to consult with your legal advisor for an explanation and answers to any questions you have about the implications of a per stirpes beneficiary designation.

## 1 Account Information

IRA ACCOUNT OWNER

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

IRA ACCOUNT NUMBER

FINANCIAL ADVISOR

The beneficiary designation(s) dated \_\_\_\_\_, 20\_\_\_\_, is to be on a per stirpes basis. Should any designated Beneficiary predecease me, that Beneficiary's(ies) issue or lineal descendants are to take the share of the proceeds that the deceased Beneficiary would have taken had they survived me. I understand that in order for Fund Services to honor my per stirpes request, I must designate and authorize a third party serving or representing my estate (i.e. an executor, trustee or attorney) to certify in writing to Fund Services the name(s), relationships, addresses, social security numbers, dates of birth and percentage of the account for such Beneficiaries after my death. Fund Services will rely upon and be indemnified from liability for distribution of my account pursuant to the instructions provided by this representative.

## 2 Designation and Contact Information of Estate Representative

NAME

TITLE/ROLE (EXECUTOR, TRUSTEE, ATTORNEY, ETC.)

STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER

If the above-named representative cannot be determined, contacted and/or declines to accept responsibility and indemnify Fund Services with the proper identity(ies) of my per stirpes beneficiary(ies), I understand that Fund Services will not be able to honor my per stirpes beneficiary designation and distribute the account assets according to the defaults within the Disclosure Statement and Custodial Account Agreement.

## 3 Signature

I understand that I can change my beneficiary designation at any time by completing and presenting the proper form to Fund Services and Fund Services has not provided any tax or legal advice with respect to my beneficiary designations.

IRAACCOUNTOWNERSIGNATURE

DATE (MM/DD/YYYY)