



IRA/Qualified Plan Distribution Request Form

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 arielinvestments.com.

If the request is for a Required Minimum Distribution (RMD), please complete the Required Minimum Distribution Form. Do not complete this form for non-IRA distributions, please complete the Mutual Fund Redemption 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.

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NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)

DATE OF BIRTH (MM/DD/YYYY)

XXX-XX-	
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SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DAYTIME PHONE

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ADDRESS

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CITY

STATE

ZIP CODE

Please indicate the account(s) this distribution will affect:

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FUND NAME

FUND NUMBER

ACCOUNT NUMBER

--	--	--

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

--	--	--

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

2 Type of Distribution | Select One

I request a distribution from my retirement account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations. We recommend that you consult with your professional tax advisor prior to requesting the distribution.

- ☐ **Normal Distribution.** I have reached age 59 ½.
- ☐ **Premature Distribution.** I am under age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty in addition to normal income tax for an early withdrawal. To claim an exception from the premature distribution penalty, you should file IRS Form 5329.
- ☐ **72(t) Substantially Equal Periodic Payments.** (under IRS Code Section 72(t)(2)(A)(iv)) Please see your professional tax advisor for guidance.
- ☐ **Death Distribution.** Death Distribution for Inherited IRAs.
- ☐ **Excess Contribution Removal.** I am withdrawing the excess contribution I made and any earnings attributable to such contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d)(4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if you are under age 59 ½.
- ☐ **Conversion to Roth IRA.** Conversion from a Traditional, SEP, or SIMPLE IRA. The deadline for a conversion is December 31st. Conversions are not allowed from a SIMPLE IRA within two years of the initial SIMPLE contribution. If you are Required Minimum Distribution (RMD) age or older, your RMD must be distributed prior to the conversion.
 - ☐ Please distribute my current year RMD before the conversion.
 - ☐ I will satisfy my current year RMD from an IRA at another financial institution.
- ☐ **Recharacterization.** This is a recharacterization of a current or prior year Traditional or Roth IRA contribution. The deadline for a prior year recharacterization is the due date of your federal tax return, including extensions (generally October 15th).
- ☐ **Divorce.** By checking this box, I represent that the distribution is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). A certified copy of the divorce decree is required. A QDRO is only required if referenced within the divorce decree.
- ☐ **Coverdell ESA Distribution.** Distributions not used for qualified education expenses may be subject to a penalty. No tax withholding is permitted.

3 Distribution Instructions

A One-Time Distribution

- ☐ I wish to liquidate my entire account.
- ☐ I wish to make a one-time distribution of \$ _____ or _____ shares, and the distribution should be paid out immediately.
- ☐ I wish to convert \$ _____ or _____ shares to my existing Fund Number _____ Roth IRA account # _____ OR open a new Roth IRA account (A completed and signed IRA Application must be attached).
- ☐ I wish to recharacterize \$ _____ of my contribution for tax-year _____.
- ☐ I wish to withdraw the excess contribution of \$ _____ made for the tax year _____ and any earnings attributable to such contribution (select one box below).
- ☐ I wish to have my excess contribution and my earnings distributed to my address of record.
- ☐ I wish to have my excess contribution and any earnings applied to my IRA/Qualified Plan contribution for tax-year _____.
- ☐ I wish to have my excess contribution applied to my IRA/Qualified Plan contribution for tax-year _____, and my earnings distributed to my address of record.
- ☐ I wish to have my excess contribution and any earnings applied to my Non-IRA account, Fund Number _____, Account Number _____ OR open a new Non-IRA account for distributions (A completed and signed New Account Application must be attached).

Note: Earnings must remain in the account if the excess contribution is removed after October 15th following the year in which the contribution was made.

B Periodic Distributions

- ☐ I wish to take periodic distributions in the amount of \$ _____.

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

START DATE (MONTH, YEAR)

DAY(S) OF THE MONTH

Note: You must maintain a minimum balance of \$10,000 and make a minimum withdrawal of \$50 to participate in a systematic withdrawal plan. Systematic distributions cannot be made between December 29th - December 31st. If you do not indicate a month and a day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate the frequency, your distribution(s) will be made annually on December 5th.

4 Delivery Instructions

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

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

☐ **Deposit proceeds into:**

- ☐ My existing Non-IRA account: Fund Number _____, Account Number _____
☐ Open a new Non-IRA. A completed and signed New Account Application must accompany this form.

☐ **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.

5 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 _____
⑆ 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.

6 Tax Withholding Election

Please consult IRS Form W-4R available from www.irs.gov. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. Review the "Suggestion for determining withholding" section of the instructions to help determine the rate of withholding appropriate to your tax situation.

Federal withholding will automatically be deducted from distributions at the rate of 10% for IRAs (20% for Qualified Plans), unless you check one of the boxes below. Certain Roth IRA distributions may not be subject to withholding. Withholding from a Qualified Plan generally must be at least 20% unless the distribution is to satisfy a Required Minimum Distribution (RMD).

You may elect a withholding rate from 0% to 100%. If you do not have enough tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. Please be advised that withholding will be taken from the proceeds of your distribution. Should you wish to receive a specific net amount, you may want to consider increasing the amount of your distribution in the Distribution Instructions section. For systematic distributions, your withholding election will remain in effect until you revoke or change it, which you may do at any time.

Some states require withholding regardless of your federal withholding election. Furthermore, state withholding is not available for certain states.

Specifying a rate other than the default, 10% for IRAs or 20% for Qualified Plans, affirms that you have consulted IRS Form W-4R, and the Marginal Rate Tables within, to determine your withholding percentage.

- ☐ Do not take federal withholding. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- ☐ Please take federal withholding at a rate of _____% from my distribution(s). State withholding may also apply (refer to your state's guidelines for further information).
- ☐ Do not take state withholding.

7 Signature & Certification

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, make the above distribution(s) from the account(s) listed in the Account Information section. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisors, and U.S. Bank Global Fund Services, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

PRINTED NAME OF OWNER	CAPACITY, IF APPLICABLE*
X	
SIGNATURE OF OWNER	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.