

Name Change 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.

Important: This form is used to make name changes to your existing account(s). Please read the Ariel Investment Trust prospectus for complete information about requirements and procedures for name changes.

1 Current Account Information	ntion	
		XXX - XX -
FORMER NAME (AS IT APPEARS ON YOUR ACC	OUNT REGISTRATION)	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
PERMANENT STREET ADDRESS		
CITY / STATE / ZIP CODE		DAYTIME TELEPHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOV	Е)	
CITY / STATE / ZIP CODE		
	1 m	
Please indicate the account(s) this	s name change will affect:	
FUND NAME	L FUND NUMBER	ACCOUNT NUMBER
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
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FUND NAME	FUND NUMBER	ACCOUNT NUMBER

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2 Updated Account Information

name and, if applicable, your new address. If your mailing address is a P.C required by the USA PATRIOT Act.	
NEW NAME	
PERMANENT STREET ADDRESS	
CITY / STATE / ZIP CODE	DAYTIME TELEPHONE NUMBER
Please select one:	
☐ I have attached a certified copy of the legal documentation proving my divorce decree)	y name change (ex. marriage certificate or
☐ I am unable to provide a certified copy of the legal documentation pro signature guarantee, signature validation or notary stamp in the Signat	
3 Signature & Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification nu	mber, and
2. I am not subject to backup withholding as a result of either being exemp by the Internal Revenue service (IRS) of a failure to report all interest on no longer subject to backup withholding*, and	
3. I am a U.S. person (including a U.S. resident alien), and	
4. The FATCA code entered on this form (if any) indicating that the payee	is exempt from FATCA reporting is correct.
*Note: Cross out item 2 above if you have been notified by the IRS that because you have failed to report all interest and dividends on your tax returns.	
The IRS does not require your consent to any provision of this documen backup withholding.	nt other than the certifications required to avoid
Please sign below with your new and former name.	
V	

DATE (MM/DD/YYYY)

DATE (MM/DD/YYYY)

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SIGNATURE IN FORMER NAME

SIGNATURE IN NEW NAME

X

3 Signature & Certification continued

A signature guarantee will be required if you are unable to provide the legal documentation proving your name change.

Your signatures must be guaranteed by 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 guaranter institution. A notary public from a financial institution is able to provide an acceptable guarantee. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.

SIGNATURE GUARANTEE/SIGNATURE VALIDATION/NOTARY STAMP

DATE (MM/DD/YYYY)