



# Change of Registration Form

(Use this form for non-retirement accounts only)

**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](http://arielinvestments.com).

This form should be used to change the registration of an existing account. **A New Account Application must accompany the form unless noted otherwise.**

## 1 Current Account Registration

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

	XXX-XX
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NAME OF TAXABLE OWNER / MINOR / TRUST

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

	XXX-XX
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NAME OF JOINT OWNER / CUSTODIAN / TRUSTEE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

	XXX-XX
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NAME OF JOINT OWNER / TRUSTEE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

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PERMANENT STREET ADDRESS

DAYTIME TELEPHONE NUMBER

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CITY

STATE

ZIP CODE

**Please indicate the account(s) this name change will affect:**

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FUND NAME

ACCOUNT NUMBER

--	--

FUND NAME

ACCOUNT NUMBER

--	--

FUND NAME

ACCOUNT NUMBER

## 2 Individual or Joint Account to Trust or Entity Account

**For Trust accounts, please attach a complete copy of your trust agreement or a notarized Certificate of Trust is required. For Entity accounts, Entity documentation (i.e. Articles of Incorporation/Formation/Organization, Partnership Agreement, Corporate Resolution) and a list of authorized signers are required.**

	XXX-XX
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NAME OF TRUST / ENTITY

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

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TRUSTEE / AUTHORIZED SIGNER

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TRUSTEE / AUTHORIZED SIGNER

Please attach a separate sheet if there are more than two trustees or authorized signers.

### **Signature Requirements:**

- All current account owners must sign in the Signatures section.
- If a current account owner is not listed as a grantor of the trust, they must obtain a signature guarantee in the Signatures section.
- If reregistering to an Entity, all account owners must obtain a signature guarantee in the Signatures section.

## 3 Remove or Add an Account Owner or Trustee

**For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required.**

☐ Add Account Owner/Trustee

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NAME OF OWNER/TRUSTEE

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NAME OF OWNER/TRUSTEE

☐ Remove Account Owner/Trustee

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NAME OF OWNER/TRUSTEE

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NAME OF OWNER/TRUSTEE

### **Signature Requirements:**

- All current account owners must sign in the Signatures section.
- Any account owner or trustee to be removed must obtain a signature guarantee in the Signatures section.

## 4 Relinquish UTMA/UGMA to Taxable Owner | Taxable owner has reached age of termination

Please note that the age of termination for UTMA/UGMA accounts differs by state.

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NAME OF TAXABLE OWNER (FORMER MINOR)

DATE OF BIRTH (MM/DD/YYYY)

PHONE NUMBER

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PERMANENT STREET ADDRESS

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CITY / STATE / ZIP CODE

**A New Account Application completed and signed by the former minor is required to relinquish the account to the former minor.**

**Signature Requirements:**

- Former minor has reached the age of termination. The former minor must sign in the Signature and Certification section. No signature guarantee or notary stamp is required.

## 5 Change Custodian on UTMA/UGMA | Removing current custodian; adding new/successor custodian

**An application is not required. Please complete the information below for the new custodian.**

Note: In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the information requested below for all registered account owners and all authorized individuals. This information is used to verify your true identity. We will return the form if any of this information is missing, and we may request additional information for verification purposes.

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NAME OF NEW CUSTODIAN

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SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

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PERMANENT STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE)

DAYTIME TELEPHONE NUMBER

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CITY

STATE

ZIP CODE

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MAILING ADDRESS (IF APPLICABLE)

ALTERNATE TELEPHONE NUMBER

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CITY

STATE

ZIP CODE

**Signature Requirements:**

- The signature of the current custodian in the Signature and Certification section, death certificate, or an official court document must be provided.
- The new custodian must sign below, or they may submit a separate signed letter of acceptance.
- The signature of a witness to the executing and dating of this request must be provided below. The witness cannot be the current or new custodian.

By signing below, I accept the appointment to act as the custodian on the account(s) referenced in the Current Account Registration section. I also confirm that the information listed above is correct.

X	
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SIGNATURE OF NEW CUSTODIAN

DATE (MM/DD/YYYY)

By signing below, I confirm that I witnessed the executing and dating of this request.

X	
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SIGNATURE OF WITNESS

DATE (MM/DD/YYYY)

## 6 Gift Shares to an Individual or Entity

**The date of the gift is deemed the date we receive all documentation required to process the transfer.**

Note to recipient(s) of gift: If shares are gifted at a loss and you have chosen Average Cost as your cost basis method, the Fair Market Value of the shares as of the date of the gift will be applied.

### Recipient A

**Amount of Gift (Select One):**

☐ Dollar amount to be gifted \$ \_\_\_\_\_

☐ Number of shares to be gifted \_\_\_\_\_

**Deposit to (Select One):**

☐ An Existing Ariel Investment Trust Account Number \_\_\_\_\_

☐ A New Account (an application must accompany the form)

NAME OF GIFT RECIPIENT

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DATE OF BIRTH (MM/DD/YYYY, IF APPLICABLE)

### Recipient B

**Amount of Gift (Select One):**

☐ Dollar amount to be gifted \$ \_\_\_\_\_

☐ Number of shares to be gifted \_\_\_\_\_

**Deposit to (Select One):**

☐ An Existing Ariel Investment Trust Account Number \_\_\_\_\_

☐ A New Account (an application must accompany the form)

NAME OF GIFT RECIPIENT

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DATE OF BIRTH (MM/DD/YYYY, IF APPLICABLE)

Please attach a separate sheet if gifting to more than two recipients.

**Signature Requirements:**

- All current account owners must sign in the Signatures section and obtain a signature guarantee.

## 7 Signatures & Certification

**Please review the applicable Signature Requirements prior to completing this section.**

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.

I understand that my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my state's abandoned property laws.

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, take the requested action on the account(s) listed in section 1. I certify that all information provided on this form is accurate and agree to indemnify, release, and hold U.S. Bank Global Fund Services harmless for any actions taken as a result of the information I have provided (including that the age of termination for UTMA has been attained, if the Relinquish UTMA to Taxable Owner section is completed above).

The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the request herein specified. I have been advised to consult my tax advisor regarding any questions about this request.

Under penalty of perjury, I certify that:

- (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien), and
- (4) I am exempt from FATCA reporting.

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

☐ Account Owner ☐ Trustee ☐ Custodian ☐ Other \_\_\_\_\_

PRINTED NAME OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

X

SIGNATURE

DATE (MM/DD/YYYY)

☐ Account Owner ☐ Trustee ☐ Custodian ☐ Other \_\_\_\_\_

PRINTED NAME OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

X

SIGNATURE

DATE (MM/DD/YYYY)

☐ Account Owner ☐ Trustee ☐ Custodian ☐ Other \_\_\_\_\_

PRINTED NAME OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

X

SIGNATURE

DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE STAMP

DATE (MM/DD/YYYY)

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 also able to provide an acceptable guarantee only if indicated within the Signature Requirements for the section(s) you have completed. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.