

Use this form to request a distribution as beneficiary of a deceased holder of an Artisan Partners Funds Traditional or Roth IRA account.

Please complete this entire IRA Beneficiary Distribution Form, sign it and mail it and additional documentation, if applicable, to Artisan Partners Funds. Failure to complete all required sections will result in processing delays. Please retain a copy of the completed form for your records.

We encourage you to consult your tax advisor in completing this form and regarding the tax consequences and tax reporting requirements of your IRA distributions.

**For Regular Mail Delivery**

Artisan Partners Funds  
P.O. Box 219322  
Kansas City, MO 64121-9322

**For Overnight Delivery**

Artisan Partners Funds  
430 W. 7th Street, Suite 219322  
Kansas City, MO 64105-1407

**Questions?** Call 800.344.1770 or visit [www.artisanpartners.com](http://www.artisanpartners.com)

**Important Information**

In accordance with the SECURE Act which became effective on 01/01/2020, distribution responsibilities for each beneficiary will vary based on several factors including the date of the original account owner's death and the type of beneficiary designated to receive the assets. Please consult a tax advisor with any questions. Failure to complete distributions by specific deadlines may result in tax penalties.

**1. Current Account Registration** (Please type or print clearly)

Registered Owner's Name (First, Middle Initial, Last)	Social Security Number / Tax Identification Number	Date of Death (MM-DD-YYYY)
Please specify the account(s) from which you want to withdraw.		
Artisan Partners Fund Name	Account Number	Amount (\$), Percent (%) or Number of Shares
Artisan Partners Fund Name	Account Number	Amount (\$), Percent (%) or Number of Shares
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Artisan Partners Fund Name	Account Number	Amount (\$), Percent (%) or Number of Shares
Your shares will be redeemed at the next Net Asset Value (NAV) calculated after your request has been received and accepted.		

**2. Beneficiary Information**

**Each beneficiary must complete a separate form.**

Beneficiary Type:     Spouse     Non-Spouse

Name of Beneficiary (First, Middle, Last)	Social Security Number/Tax Identification Number	Date of Birth (MM-DD-YYYY)
Beneficiary Street Address*		
City (    )	State	Zip
Phone	Email	
If beneficiary is a minor, please provide the following details:		
Name of Guardian for Minor	Relationship of Guardian to Minor	

### 3. Distribution Instructions

#### IRA Owners Over Required Minimum Distribution Age

Important transfer restriction for owners that were over the Required Minimum Distribution age.\* (Not applicable for Roth IRAs). In the year of the owner's death, any unpaid Required Minimum Distribution (RMD) amounts for that year cannot be transferred to your IRA. These amounts must be paid to you if you choose either of the transfer options below. Check below as applicable:

- Please distribute \$ \_\_\_\_\_ to satisfy the remaining RMD and send proceeds to the address shown in Section 4.
- RMD in the year of the owner's death was already taken.

\*Required minimum distribution age is 72 or over (70 ½ for those born before July 1, 1949).

#### Method of Distribution

Check one of the options listed in this section. Please consult your tax advisor to ensure you have a full understanding of your beneficiary options and obligations.

##### For a Spouse Beneficiary (check one box only)

- Transfer to new Artisan IRA in my name.** Please complete and enclose a new Artisan Partners Funds IRA application.
- Transfer to my existing Artisan IRA account:**

Artisan Partners Fund Name

Account Number

You are not required to take a required minimum distribution (RMD) until you reach 72 or over (70 ½ for those born before July 1, 1949) if establishing a traditional IRA. You may treat the IRA as your own and make contributions, if applicable.

- Life Expectancy Payment**

Pay the total account balance over the applicable life expectancy beginning on: \_\_\_\_\_ to the address shown in Section 4.  
Date (MM-YYYY)

Note: Life expectancy payments will be calculated using the birth date of the beneficiary. If the original account owner died prior to January 1, 2020, you can elect to have life expectancy calculated on the original account owner's date of birth or the beneficiary's date of birth.

- Installment Payments**

Please select a frequency and start date for your payments to the address shown in Section 4:

Monthly    Quarterly    Annually

Beginning on: \_\_\_\_\_  
Date (MM-YYYY)

Withdrawals will occur on approximately the 25th of the month.

Please choose a calculation method for your payments:

- Fixed amount: \$ \_\_\_\_\_ or \_\_\_\_\_ shares
- Percentage of account: \_\_\_\_\_ %

- One-time distribution** of: \$ \_\_\_\_\_ or \_\_\_\_\_ shares to the address shown in Section 4.
- Redeem all assets** to the address shown in Section 4.

### 3. Distribution Instructions (continued)

#### For a Non-Spouse Non-Designated Beneficiary (check one box only)

- Transfer to new Artisan Inherited IRA in my name.** Please complete and enclose a new Artisan Partners Funds IRA application.

If the non-spouse beneficiary is an entity (i.e. the estate, a charity or a non-qualified trust) the only option for such beneficiaries of (1) traditional IRAs if the IRA owner died before Required Minimum Distribution age, or (2) Roth IRAs, is to distribute the full balance by the end of the fifth calendar year following the year of the IRA owner's death.

**Installment Payments**

Please select a frequency and start date for your payments to the address shown in Section 4:

- Monthly    Quarterly    Annually

Beginning on: \_\_\_\_\_  
Date (MM-YYYY)

Withdrawals will occur on approximately the 25th of the month.

Please choose a calculation method for your payments:

- Fixed amount: \$ \_\_\_\_\_ or \_\_\_\_\_ shares over a period of 5 years.  
 Percentage of account: \_\_\_\_\_ % over a period of 5 years.

- One-time distribution** of: \$ \_\_\_\_\_ or \_\_\_\_\_ shares to the address shown in Section 4.

- Redeem all assets** to the address shown in Section 4.

#### For a Non-Spouse Eligible Designated Beneficiary (check one box only)

If the beneficiary is an "eligible designated beneficiary", such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner, a child of the IRA owner who has not attained the age of 18 (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reached the age of 18); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years than the IRA owner. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.

- Transfer to new Artisan Inherited IRA account.** Please complete and enclose a new Artisan Partners Funds IRA application.

**Life Expectancy Payment**

Pay the total account balance over the applicable life expectancy beginning on: \_\_\_\_\_ to the address shown in Section 4.  
Date (MM-YYYY)

Withdrawals will occur on approximately the 25th of the month.

Please choose a calculation method for your payments:

- Fixed amount: \$ \_\_\_\_\_ or \_\_\_\_\_ shares  
 Percentage of account: \_\_\_\_\_ %

**Installment Payments**

Please select a frequency and start date for your payments to the address shown in Section 4:

- Monthly    Quarterly    Annually

Beginning on: \_\_\_\_\_  
Date (MM-YYYY)

Withdrawals will occur on approximately the 25th of the month.

Please choose a calculation method for your payments:

- Fixed amount: \$ \_\_\_\_\_ or \_\_\_\_\_ shares  
 Percentage of account: \_\_\_\_\_ %

- One-time distribution** of: \$ \_\_\_\_\_ or \_\_\_\_\_ shares to the address shown in Section 4.

- Redeem all assets** to the address shown in Section 4.

### 3. Distribution Instructions (continued)

#### For Designated Beneficiary (check one box only)

As a general rule, for an IRA owner who died on or after January 1, 2020 the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the tenth calendar year following the year of the IRA owner's death.

**Transfer to new Artisan Inherited IRA account.** Please complete and enclose a new Artisan Partners Funds IRA application.

**Installment Payments**

Please select a frequency and start date for your payments to the address shown in Section 4:

Monthly    Quarterly    Annually

Beginning on: \_\_\_\_\_  
Date (MM-YYYY)

Withdrawals will occur on approximately the 25th of the month.

Please choose a calculation method for your payments:

Fixed amount: \$ \_\_\_\_\_ or \_\_\_\_\_ shares over a period of 10 years.

Percentage of account: \_\_\_\_\_ % shares over a period of 10 years.

**One-time distribution** of: \$ \_\_\_\_\_ or \_\_\_\_\_ shares to the address shown in Section 4.

**Redeem all assets** to the address shown in Section 4.

### 4. Payment Instructions

Indicate how you wish to receive your distribution if you are redeeming shares. Please check **ONLY** one option.

**Check:** Choose this if you would like your check issued to the name and address as indicated below.

**Federal Wire:** Complete next section if selected.

**Automated Clearing House (ACH):** Complete next section if selected. Payment by ACH will usually arrive two days after your payment is processed. A Medallion Signature Guarantee may be required.

#### Foreign Payment Instructions

Payments to an address outside the United States are subject to special rules. Withholding generally may not be waived by United States citizens receiving payments outside the United States. Withholding for foreign citizens may be subject to special tax treaty rules. Please consult your tax advisor.

#### Certification (check the box that applies)

I hereby certify that I am a United States citizen living abroad. I understand that payments sent to me abroad are subject to 10% tax withholding that cannot be waived.

I hereby certify that I am a non-US citizen. I am attaching a Form W-8BEN or other applicable form to certify my status and to comply with IRS rules. I understand that withholding if applicable will be applied to my distribution payments based on my Form W-8BEN or other applicable form or lack thereof.

## 5. Bank Instructions

If you choose to use Federal Wire or Automated Clearing House (ACH) for your distribution, please provide the appropriate US bank information or attach a voided check. Depending on size or recipient of transaction, a Medallion Signature Guarantee may be required, see below.

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Name of Bank or Federal Credit Union

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Name(s) on Bank Account

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Bank Account Number

Bank Routing Number

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Address of Bank

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City

State

Zip

Attach Blank, Voided Check or Deposit Slip

## 6. Withholding Information

### Federal Tax Withholding Election (REQUIRED)

Distributions from IRAs and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding (generally 10%) unless you affirmatively elect an additional amount or to NOT have withholding apply to such payments.

Please check one box:

Do **NOT** withhold federal income tax

Withhold \_\_\_\_\_% federal tax income

If no election is made, the default withholding rate of 10% will be applied.

### State Tax Withholding

If applicable, we will withhold the required state income tax from payments made to you. Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal taxes are withheld or may mandate a fixed amount regardless of your federal tax election. You should consult with your tax advisor for additional information on your state's withholding and other requirements.

## 7. Signature

I, the undersigned, authorize and request that UMB Bank, n.a., as custodian for my IRA, make the above distribution(s) from the account(s) listed in Section 2. I acknowledge that the box checked in Section 3 is correct and I am aware of the possible tax consequences of these distribution(s). I accept full responsibility for complying with all IRS requirements with respect to Artisan Partners funds, including, but not limited to, distributions, rollovers, excess contributions, recharacterizations, and tax-filing and record keeping requirements. I understand that I am responsible for determining that the minimum distribution requirement is met each year for my Traditional IRA and that failure to meet this requirement may result in tax penalties. I agree to indemnify and hold Artisan Partners Limited Partnership, Artisan Partners Funds, UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents harmless for elections I have made, and for any actions taken as a result of the information and instructions I have provided. I certify the information on these forms is true and accurate.

By making a withholding election and signing the distribution form, I assert that I have read and understand the current IRS Form W-4R and its instructions.

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Signature (Beneficiary Name as it appears in Section 2)

Date (MM-DD-YYYY)

A Medallion Signature Guarantee is required to process an IRA distribution due to death request. It may be obtained from a bank, credit union, or brokerage firm (called the guarantor). A Notary Public cannot provide a Medallion Signature Guarantee. Please note that a Notary Public stamp or seal is different from a Medallion Signature Guarantee and is not acceptable.

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Name of Bank or Firm Providing Medallion Signature Guarantee

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Authorized Signature and Stamp

Date (MM-DD-YYYY)

Stamp

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	<b>2</b>	%
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<b>Sign Here</b>	Your signature (This form is not valid unless you sign it.)	Date
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**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little 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. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2024 Marginal Rate Tables**

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. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

\* If married filing separately, use \$380,200 instead for this 37% rate.

## General Instructions (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

SAMPLE