

# Mutual Funds Redemption Form



**Regular Mail:**  
Aristotle Funds  
c/o U.S. Bank Global Fund Services  
PO Box 701  
Milwaukee, WI 53201-0701

**Overnight Delivery:**  
Aristotle Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

For additional information, please call toll-free 844-ARISTTL (844-274-7885) or visit us on the web at [www.aristotlefunds.com](http://www.aristotlefunds.com).

## 1 Account Information

<input type="text"/>		<input type="text"/>
NAME OF TAXABLE OWNER / MINOR / TRUST		SOCIAL SECURITY NUMBER / TAX ID
<input type="text"/>		<input type="text"/>
NAME OF JOINT OWNER / CUSTODIAN / TRUSTEE(S)		SOCIAL SECURITY NUMBER / TAX ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME	FUND NUMBER	ACCOUNT NUMBER
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS		DAYTIME TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE

Note: If the address listed above differs from the address currently in our records, by signing this form you authorize us to update all accounts associated with the Social Security number(s) or Tax ID number(s) provided with the new address.

## 2 Redemption Amount

Please indicate the amount of the redemption you are requesting. A signature guarantee may be required based on the dollar amount of your redemption. Please consult the Fund's prospectus.

- ☐ Redeem entire balance of the account
- ☐ Redeem \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- ☐ Redeem all but \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- ☐ Redeem \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ shares
- ☐ Redeem all but \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ shares

### 3 Delivery Instructions

Redemption should be paid in the following manner (please select one):

- ☐ **Check**- Please send a check to the address of record currently on my account.
- ☐ Regular Mail ☐ Overnight Mail: A \$15 fee will apply.
- ☐ **Automated Clearing House (ACH)** - Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in the Bank Information Section. You must obtain a signature guarantee if establishing or changing your bank instructions.
- ☐ **Wire**- Wire distribution proceeds to the bank instructions currently on my account. A \$15 wire fee applies. If you are establishing or changing your bank instructions, please attach a voided check in the Bank Information Section. You must obtain a signature guarantee if establishing or changing your bank instructions.
- ☐ **Alternate payee and/or address other than the address of record** - You must obtain a signature guarantee if having the redemption proceeds payable to a third party or sent to an address that is currently not listed on the account.

Please complete the boxes below with the payee information.

NAME OF PAYEE	STREET ADDRESS	CITY / STATE / ZIP

### 4 Bank Information

- ☐ Add Bank Information- Please attach a voided check or pre-printed deposit slip.
- ☐ My existing bank information is no longer valid. Please remove from my account.

Please select bank account type: ☐ Checking ☐ Savings

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.

Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

## 5 Signature & Certification

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.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. U.S. Bank Global Fund Services and the Fund family will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the form is accurate, and agree to hold U.S. Bank Global Fund Services harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

X

SIGNATURE

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

DATE (MM/DD/YYYY)

X

SIGNATURE

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

DATE (MM/DD/YYYY)

**\*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.**

\_\_\_\_\_  
SIGNATURE GUARANTEE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

Your signature must be guaranteed if you are requesting any of the following:

- A distribution greater than the signature guarantee threshold per the Fund's prospectus.
- Adding or changing banking instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within the last 15 or 30 days per the Fund's prospectus.
- A distribution made payable to a third party.

**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.