

# Certification of Beneficial Owners



ARISTOTLE  
FUNDS

**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).

## Types of Legal Entities

- C Corporations, including incorporated entities and LLCs that elect to be treated as a corporation
- Partnerships, including LLCs that elect to be treated as partnerships
- S Corporations, including incorporated entities and LLCs that elect to be treated as a corporation
- Investment Clubs
- Unions
- Unincorporated associations, miscellaneous organizations
- Nonprofit organizations (exempt from Beneficial Owner Information section)
- REITs

## 1 Account Information

Provide complete the spaces below with the information for the Legal Entity associated with the account(s):

NAME OF LEGAL ENTITY

TAX IDENTIFICATION NUMBER

Please indicate the account(s) that require change:

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

FUND NAME

FUND NUMBER

ACCOUNT NUMBER

## 2 Beneficial Owner Information

Please complete the fields below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in Investor Information section**. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

### Beneficial Owner 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (FOR U.S. PERSONS)

  
ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)  
PASSPORT NUMBER AND COUNTRY OF ISSUANCE (FOR FOREIGN PERSONS)

### Beneficial Owner 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (FOR U.S. PERSONS)

  
ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)  
PASSPORT NUMBER AND COUNTRY OF ISSUANCE (FOR FOREIGN PERSONS)

### Beneficial Owner 3:

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (FOR U.S. PERSONS)

  
ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)  
PASSPORT NUMBER AND COUNTRY OF ISSUANCE (FOR FOREIGN PERSONS)

### Beneficial Owner 4:

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (FOR U.S. PERSONS)

  
ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)  
PASSPORT NUMBER AND COUNTRY OF ISSUANCE (FOR FOREIGN PERSONS)

## 2 Beneficial Owner Information continued

If any of the Beneficial Owners currently on file should be removed, please indicate the name(s) of the individual(s) to be removed below:

NAME

NAME

## 3 Controller Information

Please complete the table below with the requested information for one individual with significant responsibility for managing the Legal Entity listed in Account Information section, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in Beneficial Owner Information section can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

### Controller:

NAME

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER (FOR U.S. PERSONS)

ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)

PASSPORT NUMBER AND COUNTRY OF ISSUANCE (FOR FOREIGN PERSONS)

## 4 Signature & Certification

I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

PRINTED NAME OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

PRINTED NAME OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)