

Registered Representative and Broker/Dealer Change Request

**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.

1 Investor Information

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ACCOUNT REGISTRATION / NAME(S) OF REGISTERED OWNER(S)

DAYTIME TELEPHONE NUMBER

Please indicate the account(s) that require change:

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FUND NAME

FUND NUMBER

ACCOUNT NUMBER

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FUND NAME

FUND NUMBER

ACCOUNT NUMBER

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FUND NAME

FUND NUMBER

ACCOUNT NUMBER

2 Update Financial Advisor (All applicable sections must be completed in their entirety)

- ☐ Check here if current financial advisor is being added for the first time. Signature from shareholder(s) and financial advisor (or broker-dealer) required.
- ☐ Check here if current financial advisor is being replaced. Signature from authorized individual at broker-dealer required.
- ☐ Check here if changing/correcting information for current financial advisor. Signature from financial advisor or authorized individual at broker-dealer required.
- ☐ Check here if removing current financial advisor (without naming a new one). Signature from authorized individual at current broker-dealer required.

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CURRENT DEALER NAME

CURRENT REPRESENTATIVE NAME

NEW ADVISOR INFORMATION:

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DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

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DEALER'S NUMBER

BRANCH NUMBER

REPRESENTATIVE'S NUMBER

DEALER MAIN OFFICE INFORMATION:

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ADDRESS

ADDRESS

CODE

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CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

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TELEPHONE NUMBER

TELEPHONE NUMBER

3 Signature(s)

I, (we), the undersigned hereby agrees to indemnify and hold harmless Aristotle Funds, Foreside Financial Services LLC (distributor), Aristotle Investment Services LLC, and all of their respective officers, directors, employees and agents from any cost, expense, liability or damage directly or indirectly arising out of or resulting from this request herein, including without limitation reasonable attorneys’ fees and costs incurred in defending against any claims or in enforcing this indemnification.

<div>X</div> <div>SIGNATURE OF OWNER</div>	<div></div> <div>DATE (MM/DD/YYYY)</div>
<div>X</div> <div>SIGNATURE OF JOINT OWNER</div>	<div></div> <div>DATE (MM/DD/YYYY)</div>
<div>X</div> <div>SIGNATURE OF FINANCIAL ADVISOR (IF APPLICABLE)</div>	<div></div> <div>DATE (MM/DD/YYYY)</div>
<div>X</div> <div>SIGNATURE OF AUTHORIZED INDIVIDUAL AT BROKER-DEALER (IF APPLICABLE)</div>	<div></div> <div>DATE (MM/DD/YYYY)</div>