



Required Minimum Distribution (RMD) Form

Regular Mail:
Ariel Investment Trust
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

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

For additional information please call toll-free 800-292-7435 or visit us on the web at arielinvestments.com.

This form is used to request the Required Minimum Distribution (RMD) from your account(s). You may wish to consult a professional tax advisor with any further questions regarding your specific situation.

1 Account Information

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

<input type="text"/>		<input type="text" value="XXX-XX-"/>
NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)		SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
<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

I request my Required Minimum Distribution (RMD) from my retirement account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations.

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

<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

2 IRA Assets Transferred During Year

During the year for which you are requesting your RMD, did you transfer or roll over retirement assets into your IRA / Qualified Plan account?

- No – Go to First Time RMD Payout section.
- Yes – Did you take this year’s RMD prior to transferring or rolling over assets from another custodian?
 - Yes – Go to Distribution Instructions section.
 - No – Please enter the account value as of December 31st of the previous year for the account from which you transferred or rolled over assets in the box below. If no amount is provided we will use the dollar amount that was transferred or rolled over from your previous custodian to calculate your RMD.

3 First Time RMD Payout

Complete this section if this is your first RMD. If you have previously taken an RMD, please proceed to Distribution Instructions section.

Special First-Year Rule: You can delay taking the first distribution until April 1st of the year following the year in which you turn RMD age. If you choose to delay your first distribution, please note that you will be responsible for taking two distributions the following year; one by April 1st and the other before December 31st.

- Please distribute my first RMD by April 1st (select one box below).

- Please calculate and distribute immediately.

- Please calculate and distribute on
(MM/DD/YYYY)

- I have calculated the amount needed to meet my first RMD.

Please distribute \$ Immediately or On
(MM/DD/YYYY)

4 Distribution Instructions | Select One

- I would like U.S. Bank Global Fund Services to calculate my RMD. Complete Section A - Life Expectancy Calculation Method.
- I will be taking the RMD amount from an IRA/Qualified Plan at another financial institution and hereby relieve U.S. Bank Global Fund Services of this responsibility (valid until revoked). If checking this box, proceed to Signature & Certification section.
- I have calculated my RMD. Complete Section B - My Own Calculation.

A Life Expectancy Calculation Method (calculation completed by U.S. Bank Global Fund Services)

Please select the method you would like used for your Life Expectancy Calculation. Failure to designate a Life Expectancy Calculation Method will result in distributions being made using the Uniform Life Table.

- Uniform Life Table (Standard IRS Method)
- Joint Life and Last Survivor Expectancy. This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.

My spouse's full date of birth is:

DATE OF BIRTH (MM/DD/YYYY)

Please select how you would like to receive your RMD.

- I wish to have my current year RMD distributed immediately upon receipt of this Form.

- I wish to have my current year RMD distributed on a systematic basis.

Frequency: Monthly Quarterly Semi-Annually Annually

START DATE (MONTH/YEAR) DAY(S) OF THE MONTH

Note: Systematic distributions cannot be made between December 29th – December 31st. If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.

B My Own Calculation (I have calculated the amount to be distributed)

- Please distribute \$ immediately upon receipt of this form.

- I would like to establish a systematic distribution in the amount of \$

Frequency: Monthly Quarterly Semi-Annually Annually

START DATE (MONTH/YEAR) DAY(S) OF THE MONTH

Note: Systematic distributions cannot be made between December 29th – December 31st. If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.

5 Delivery Instructions

Send a check to the address of record on my account via:

- Regular Mail
- Overnight Mail (a \$15.00 fee applies)

Deposit proceeds into:

- My existing Non-IRA account: Fund Number _____, Account Number _____
- Open a new Non-IRA. A completed and signed New Account Application must accompany this form.

Wire redemption to:

- The bank information currently on file
- New bank information*

Note: A \$15.00 fee applies.

Electronic Funds Transfer via Automated Clearing House (ACH) to:

- The bank information currently on file
- New bank information*

Note: No fee applies. ACH transfers take 2-3 business days.

Alternate payee and/or address other than the address of record. A signature guarantee is required in the Signature and Certification section. Please complete the spaces below with the applicable payee and address information.

NAME OF PAYEE

ADDRESS

CITY / STATE / ZIP

* A voided check or pre-printed deposit slip must be attached in the Bank Information section.

6 Bank Information

Please attach a pre-printed, voided check, or a pre-printed deposit slip below, if applicable.

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	_____ DOLLARS
Memo _____	Signed _____
⑆ 2345 789 ⑆	⑆ 23456789 ⑆

We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through (“further credit to”) account.

Sending the proceeds of the redemption to new bank information may require a signature guarantee per the Fund’s prospectus.

7 Tax Withholding Election

Please consult IRS Form W-4R available from www.irs.gov. 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. Review the “Suggestion for determining withholding” section of the instructions to help determine the rate of withholding appropriate to your tax situation.

Federal withholding will automatically be deducted from distributions at the rate of 10% for IRAs (20% for Qualified Plans), unless you check one of the boxes below. Certain Roth IRA distributions may not be subject to withholding. Withholding from a Qualified Plan generally must be at least 20% unless the distribution is to satisfy a Required Minimum Distribution (RMD).

You may elect a withholding rate from 0% to 100%. If you do not have enough 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. Please be advised that withholding will be taken from the proceeds of your distribution. Should you wish to receive a specific net amount, you may want to consider increasing the amount of your distribution in the Distribution Instructions section. For systematic distributions, your withholding election will remain in effect until you revoke or change it, which you may do at any time.

Some states require withholding regardless of your federal withholding election. Furthermore, state withholding is not available for certain states.

Specifying a rate other than the default, 10% for IRAs or 20% for Qualified Plans, affirms that you have consulted IRS Form W-4R, and the Marginal Rate Tables within, to determine your withholding percentage.

- Do not take federal withholding. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- Please take federal withholding at a rate of _____% from my distribution(s). State withholding may also apply (refer to your state’s guidelines for further information).
- Do not take state withholding.

8 Signature & Certification

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, make the above distribution(s) from the account(s) listed in the Account Information section. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisors, and U.S. Bank Global Fund Services, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

PRINTED NAME OF OWNER

CAPACITY, IF APPLICABLE*

SIGNATURE OF OWNER

DATE (MM/DD/YYYY)

If required, 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 not an acceptable guarantee. We suggest you contact your financial institution to verify the documentation required to obtain a signature guarantee for your specific situation. Please review the form and Fund’s prospectus regarding signature guarantee requirements.

SIGNATURE GUARANTEE/SIGNATURE VALIDATION/NOTARY STAMP

DATE (MM/DD/YYYY)

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.