

Payroll Deduction Form

Authorization for payroll direct deposit to a Aristotle Funds account



ARISTOTLE
FUNDS

Please complete this application and give it to your payroll department to establish your Payroll Deduction Deposit Plan ("the Plan") with the Aristotle Funds. Before completing this application, check with your payroll department regarding the availability of this service through the Automated Clearing House. Please print all information except signatures.

NOTE: You must have an existing account before establishing payroll deductions.

1 Employee/Employer Information

EMPLOYEE'S NAME

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

EMPLOYEE'S PAYROLL NUMBER IF DIFFERENT FROM SOCIAL SECURITY NUMBER

EMPLOYER'S PHONE NUMBER

CITY / STATE / ZIP

2 Amount of Investment

I understand that \$_____ will be deducted from my pay each pay period.

If you would like to have additional payroll direct deposits into other Aristotle Funds or Accounts, please fill out a separate application for each fund/account.

You may change this amount at any time by notifying your payroll department.

3 Account Information

All Payroll Deduction Plan Deposits to retirement accounts will be reported as current year contributions.

REGISTERED OWNER(S) ON ARISTOTLE FUNDS ACCOUNT

SOCIAL SECURITY NUMBER

ADDRESS

CITY / STATE / ZIP

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

NAME OF ARISTOTLE FUNDS TO RECEIVE INVESTMENTS

88- - - - -0- - - - -

Aristotle Funds Account Number from your statement

NOTE: The first four dashes are for your fund number (1441, 1444, etc.), and the last ten dashes are for your account number. If your account number has fewer than ten digits, please insert sufficient zeros before the account number to make ten digits.

075000022 Routing number for employer reference only.

4 Signature & Certification

I hereby authorize my employer to automatically deduct from my paycheck the total amount specified in Amount of Investment section and transmit that amount to the Aristotle Funds investment account (hereinafter referred to as "Account") number indicated in Account Information section. Investments will be made at the then current net asset value of each fund selected including any applicable sales charge. All instruction under the Plan, including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. If monies to which I am not entitled are transmitted by my employer to my Account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the Fund and its transfer agent to follow all instruction by my employer in connection with transactions made under the Plan, including the redemption of fund shares, and I agree not to make claims against the Fund or its transfer agent for following the instructions of my employer. The availability of funds in my Account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

X

EMPLOYEE'S SIGNATURE

DATE (MM/DD/YYYY)

Submit this completed form to your payroll department.

Payroll Department use only.

NAME OF PAYROLL DEPARTMENT REPRESENTATIVE (PLEASE PRINT)

X

SIGNATURE OF PAYROLL DEPARTMENT REPRESENTATIVE

DATE (MM/DD/YYYY)