

New Account Application



Regular Mail:
Aristotle Funds
c/o U.S. Bank Global Fund Services
PO Box 219231
Kansas City, MO 64121-9231

Overnight Delivery:
Aristotle Funds
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219231
Kansas City, MO 64105-1307

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

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Trust accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value. **Please do not use this application to establish an IRA or entity account.**

1 Investor Information | Select one

☐ Individual

FULL LEGAL FIRST NAME ¹	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			

☐ Joint Owner

FULL LEGAL FIRST NAME ¹	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

☐ Transfer to
Minor

CUSTODIAN'S FULL LEGAL FIRST NAME ¹ (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
CUSTODIAN'S SOCIAL SECURITY NUMBER			

MINOR'S FULL LEGAL FIRST NAME ¹ (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

MINOR'S SOCIAL SECURITY NUMBER	UTMA STATE (list state's law that governed the initial transfer)*	AGE OF TERMINATION** ²

"Minor" means an UTMA account owner (customer) who has not reached the age of termination (age the custodianship terminates, which is designated at the time of transfer and governed by state law). This means that depending on the applicable state, a minor could be older than 18 or 21.

Upon reaching the age of termination, the custodian must remove themselves as custodian (and their authority over the account) so that the UTMA account owner can complete a new application solely in their name and under their control. The custodian will no longer be able to act on the account after the minor reaches the age of termination. Please note, transfers to a minor are irrevocable. Additionally, at the age of termination, U.S. Bank Global Fund Services as transfer agent for Aristotle Funds reserves the right to restrict purchases and redemptions and reinvest any dividends and/or capital gains set to pay out in cash until the former minor completes a New Account Application.

*In the event that the custodian does not complete the "UTMA State" field above, the custodian hereby directs U.S. Bank to establish the UTMA state using the state from the Permanent Street Address provided in the Address section as the UTMA state. This designation shall permanently remain as the designated state for this account.

**In the event that the custodian does not complete the "Age of Termination" field above, the custodian hereby directs U.S. Bank to establish the account using the default age of termination for custodial property transferred by gift under the "UTMA State's" law.

¹If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

²Note that electing an age of termination beyond the default age, such as 25 if permissible for a particular state, may result in the loss of any annual exclusion for federal gift tax purposes. By entering an age of termination that is different than the state laws governing the gift or transfer, you represent and warrant that you have consulted with your tax and legal advisors on (i) the permissibility of the age selected under the governing state's law, and (ii) the state and federal tax consequences of the designated age of termination.

1 Investor Information continued

☐ Trust

NAME OF TRUST

NAME(S) OF TRUSTEE(S)

SOCIAL SECURITY NUMBER / TAX I.D. NUMBER

DATE OF AGREEMENT (MM/DD/YYYY)

You must supply documentation to substantiate existence of your trust such as your Trust Agreement (including the powers and limitations section(s)), or Certificate of Trust.

2 Address

Permanent Street Address

Foreign addresses and PO Boxes are not allowed.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

EMAIL ADDRESS

Mailing Address* (if different from Permanent Street Address)

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings. Foreign addresses are not allowed

STREET

APT / SUITE

CITY

STATE

ZIP CODE

* A PO Box may be used as the mailing address.

☐ Minor's Address

Check box if minor's address is the same as the custodian's address. If not, please provide the minor's address below.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET

APT / SUITE

CITY

STATE

ZIP CODE

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET

APT / SUITE

CITY

STATE

ZIP CODE

3 Investment and Distribution Options

☐ **By check:** Make check payable to Aristotle Funds.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

☐ **By wire:** Call 844-ARISTTL (844-274-7885).

Note: A completed application is required in advance of a wire.

Fund Selection

A list of available fund names, fund numbers and investment amounts can be found on the last page of this application.

Fund Selection	Investment Amount	Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
FUND NAME AND FUND NUMBER		☐	☐	☐	☐
FUND NAME AND FUND NUMBER		☐	☐	☐	☐
FUND NAME AND FUND NUMBER		☐	☐	☐	☐
FUND NAME AND FUND NUMBER		☐	☐	☐	☐
FUND NAME AND FUND NUMBER		☐	☐	☐	☐

If nothing is selected, capital gains and dividends will be reinvested.

*Cash distributions from capital gains and dividends should be paid by (select one):

☐ Check to Address of Record ☐ ACH to Bank of Record

The Bank Information section must be completed to fulfill payment by ACH to Bank of Record

4 Bank Information

For redemptions, cash dividends and/or other payments, please attach a voided check or preprinted savings deposit slip. You may have the option to receive payments via Check, ACH or Wire (additional fee applies). We are unable to debit or credit mutual fund, or pass-through accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

ACH proceeds are typically credited to your bank within two or three business days after the redemption. Wire proceeds are sent on the business day following your redemption for a \$15 fee.

If this section is not completed, payment via check to the address of record will be the only option.

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 ⑆	

If you are making your first investment in a Fund, before you wire funds, the transfer agent must have a completed New Account Application. You may mail or overnight deliver your New Account Application to the transfer agent. Upon receipt of your completed New Account Application, the transfer agent will establish an account for you. The shareholder account number assigned will be required as part of the instruction that should be provided to your bank to send the wire. Your bank must include both the name of the Fund you are purchasing, the shareholder account number, and the name on the account per the New Account Application so that monies can be correctly applied.

U.S. Bank, N.A.
777 E. Wisconsin Avenue
Milwaukee, WI 53202
ABA No. 075000022 Cash Credit: U.S. Bank Global Fund Services
Account No. 112-952-137
Further Credit: Aristotle Funds [Name of Fund and Share Class]
(Shareholder Account Number, Shareholder Name)

Before sending your fed wire, please call the transfer agent at 844-ARISTTL (844-274-7885) or contact your financial intermediary (if applicable) to advise them of the wire. This will ensure prompt and accurate credit to your account upon receipt of the fed wire. **Please note that the bank instructions used to issue a federal wire to fund your account must match the bank information provided with this new account application in order for the bank instructions to be established on your account for future use.**

Wired funds must be received prior to the close of trading on the NYSE (normally 4:00 p.m. Eastern Time) for the related purchase order to be eligible for same day pricing, except that orders provided in respect of advisory accounts (including other Aristotle Funds) managed by Aristotle Funds or one of its related parties and orders provided by or through a broker-dealer or financial intermediary with whom the Funds (or their service providers) have a processing relationship may receive same day pricing so long as the related trade instructions are received timely. The Funds and U.S. Bank, N.A. are not responsible for the consequences of delays resulting from the banking or Federal Reserve wire system or from incomplete wire instructions.

Note: If you make any changes to the bank instructions after the account has been established, you will be required to submit written documentation along with a signature guarantee from either a Medallion program member or a non-medallion program member. These include situations when the redemption proceeds are to be sent or payable to any person, address or bank account not on the Funds' record or if ownership is being changed on the account. This would also be required if a redemption request is received by the Transfer Agent and the account address has changed within the last 30 calendar days. More information appears in the Fund's statutory prospectus.

5 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): ☐ Monthly ☐ Bi-Monthly ☐ Quarterly ☐ Semi-Annually

Fund Selection

A list of available fund names and fund numbers can be found on the last page of this application.

FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
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FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

6 Telephone and Online Options

You automatically have the ability to make telephone and/or online purchases*, redemptions* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

* You must attach a voided check or savings deposit slip in the Bank Information section.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

☐ I decline telephone and/or online transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

7 E-Delivery Options and Investor Web Portal

I would like to:

- ☐ Receive account statements electronically
- ☐ Receive transaction confirmations electronically
- ☐ Receive mandatory compliance documents electronically
- ☐ Receive tax forms electronically

By selecting any of the above options, you will receive email notification to access your statements online. You agree to waive the physical delivery of applicable item(s). If you have opted to receive any of these items electronically, you will need to establish online access to your account, which can be done after your account has been established by visiting www.aristotlefunds.com and selecting "Client Login". There you can register as a new user or log in as an existing user. A valid U.S. tax identification number is required to establish the online access. Accounts being established for an estate are not eligible for E-Delivery.

You will receive email notification when a new statement or document is available.

You must provide your email address in Address section to enroll in e-Delivery.

Benefits/features of online investor web portal:

- View account statements, transaction confirmations, tax forms, etc.
- Place trades
- View current account balance, historical balance, and transaction history
- Update contact information and delivery preferences

8 Letter of Intent

☐ I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of Aristotle Funds on which a sales load has been paid an aggregate amount equal to at least:

☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

9 Rights of Accumulation

A reduced sales load applies to any purchase of Aristotle Funds shares, sold with a sales load, where an investor's then-current investment is \$50,000 (\$100,000 for the Fixed Income & Equity funds) or more. If you have additional Aristotle Funds accounts, please list them here:

Existing Account Number(s):

10 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. If you do not elect a Cost Basis Method, your account will default to Average Cost Basis.**

Primary Method (Select only one)

- ☐ **Average Cost** – averages the purchase price of acquired shares
- ☐ **First In, First Out** – oldest shares are redeemed first
- ☐ **Last In, First Out** – newest shares are redeemed first
- ☐ **Low Cost** – least expensive shares are redeemed first
- ☐ **High Cost** – most expensive shares are redeemed first
- ☐ **Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- ☐ **Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- ☐ First In, First Out
- ☐ Last In, First Out
- ☐ Low Cost
- ☐ High Cost
- ☐ Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be used.

11 Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER

12 Signature and Certification Required by the Internal Revenue Service

✓ I have received and understand the prospectus for Aristotle Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. 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 the legal capacity to make this purchase.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, 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. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation. 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.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ **Under penalty of perjury, I certify that:**

1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number

2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding; and

3) I am a U.S. citizen or other U.S. person; and

4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRINTED NAME OF OWNER*

X

SIGNATURE OF OWNER*

DATE (MM/DD/YYYY)

PRINTED NAME OF JOINT OWNER*

X

SIGNATURE OF JOINT OWNER*

DATE (MM/DD/YYYY)

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign.

12 Signature and Certification Required by the Internal Revenue Service continued

If the custodian listed in the Investor Information section is NOT a parent or legal guardian of the minor, a parent or legal guardian is REQUIRED to complete the following section.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalty of perjury, I certify that:

- 1) the Social Security or taxpayer identification number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3) I am a U.S. citizen or other U.S. person; and
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification Instructions.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I am signing on behalf of the minor as a parent or legal guardian:

PRINT MINOR'S NAME

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE (MM/DD/YYYY)

! Before you mail, have you:

- | | |
|---|---|
| ☐ Completed all USA PATRIOT Act required information? <ul style="list-style-type: none">– Full Name in the Investor Information section?– Birth Date in the Investor Information section?– Social Security Number or Tax ID Number in the Investor Information section?– Permanent street address in the Address section? | ☐ Included a voided check or savings deposit slip, if applicable? |
| | ☐ Enclosed your personal check made payable to Aristotle Funds? |
| | ☐ Signed your application in Signature & Certification Required by the Internal Revenue Service section? |
| | ☐ Enclosed additional documentation, if applicable? |
| | ☐ Completed UTMA information, if applicable? |



Minimum Initial Investment

Class A: \$1,000

Class C: \$1,000

Class I: \$500,000

Class R6: \$1,000,000

FUND	TICKER	CLASS	FUND NUMBER
Aristotle Fixed Income Funds			
Aristotle Ultra Short Income Fund	PLUAX	Class A	8160
	PLUDX	Class I-2	8148
	PLUIX	Class I	8147
Aristotle Short Duration Income Fund	PLADX	Class A	8130
	PLCSX	Class C	8131
	PLDSX	Class I-2	8133
	PLSDX	Class I	8132
Aristotle Core Bond Fund	PLEDX	Class I-2	8105
	PLEBX	Class I	8104
Aristotle Core Income Fund	PLIAX	Class A	8100
	PLNCX	Class C	8101
	PLIDX	Class I-2	8103
	PLIIX	Class I	8102
Aristotle Floating Rate Income Fund	PLFLX	Class A	8106
	PLBCX	Class C	8107
	PLFDX	Class I-2	8109
	PLFRX	Class I	8108
Aristotle Strategic Income Fund	PLSTX	Class A	8143
	PLCNX	Class C	8144
	PLSFX	Class I-2	8146
	PLSRX	Class I	8145
Aristotle High Yield Bond Fund	PLAHX	Class A	8111
	PLCHX	Class C	8112
	PLHYX	Class I-2	8114
	PLHIX	Class I	8113
Aristotle Equity Fund			
Aristotle Core Equity Fund	ARALX	Class A	8164
	AILLX	Class I-2	8165
	ARILX	Class I	8161
Aristotle Value Equity Fund	ARAQX	Class A	8171
	AIQQX	Class I-2	8173
	ARIQX	Class I	8172
	ARRQX	Class R6	5888
Aristotle Growth Equity Fund	ARAGX	Class A	8166
	AIGGX	Class I-2	8167
	ARIGX	Class I	8110
Aristotle Small/Mid Cap Equity Fund	ARAHX	Class A	8134
	AISHX	Class C	8135
	AIHHX	Class I-2	8137
	ARIHX	Class I	8136
Aristotle Small Cap Equity Fund	ARABX	Class A	8138
	AISBX	Class C	8139
	AIBBX	Class I-2	8141
	AISSX	Class I-3	8170
	ARIBX	Class I	8163
	ARRBX	Class R6	8142
Aristotle/Saul Global Equity Fund	AIOOX	Class I-2	8176
Aristotle International Equity Fund	ARAFX	Class A	8168
	AIFFX	Class I-2	8169
	ARIFX	Class I	8162



Minimum Initial Investment

Class A: \$1,000

Class C: \$1,000

Class I: \$500,000

FUND	TICKER	CLASS	FUND NUMBER
Aristotle Multi-Asset Funds			
Aristotle Multi-Asset Income Fund	POAAX	Class A	8115
	POACX	Class C	8116
	PLCDX	Class I-2	8117
Aristotle Multi-Asset Balanced Income Fund	POBAX	Class A	8124
	POBCX	Class C	8125
	PMCDX	Class I-2	8126
Aristotle Multi-Asset Balanced Fund	POCAX	Class A	8121
	POMCX	Class C	8122
	POMDX	Class I-2	8123
Aristotle Multi-Asset Growth and Income Fund	PODAX	Class A	8118
	PODCX	Class C	8119
	PMADX	Class I-2	8120
Aristotle Multi-Asset Capital Opportunities Fund	POEAX	Class A	8127
	POCEX	Class C	8128
	POEDX	Class I-2	8129