



## COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) APPLICATION

<b>Initial Investment</b>	Amount of Contribution \$ _____
	<input type="checkbox"/> FAM Value Fund-01 (\$100 minimum - \$2,000 maximum) <input type="checkbox"/> FAM Equity-Income Fund-56 (\$100 minimum - \$2,000 maximum)

<b>Designated Beneficiary</b>	NAME _____	SOCIAL SECURITY NUMBER _____	DATE OF BIRTH _____
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<b>Responsible Individual</b>	NAME OF RESPONSIBLE INDIVIDUAL _____	SOCIAL SECURITY NUMBER _____	DATE OF BIRTH _____
	<b>Mailing Address</b>		
	P.O. BOX OR STREET _____		
	CITY _____	STATE _____	ZIP CODE _____
<b>Residence Address</b> <input type="checkbox"/> Check here if your residence address is the same as your mailing address above. (You must provide a street address even if your mail is sent elsewhere.)			
Your Residence Address _____			
STREET _____			
CITY _____		STATE _____	ZIP CODE _____

<b>Successor Responsible Individual</b> <small>(In the event of the death or legal incapacity of the Responsible Individual, this individual shall become the Responsible Individual)</small>	NAME OF RESPONSIBLE INDIVIDUAL _____	SOCIAL SECURITY NUMBER _____	DATE OF BIRTH _____
	<b>Mailing Address</b>		
	P.O. BOX OR STREET _____		
	CITY _____	STATE _____	ZIP CODE _____
<b>Residency Address</b> <input type="checkbox"/> Check here if your residency address is the same as your mailing address above. (You must provide a street address even if your mail is sent somewhere else.)			
Your Residency Address _____			
STREET _____			
CITY _____		STATE _____	ZIP CODE _____

<b>Telephone Numbers &amp; E-Mail</b>	<b>Responsible Individual</b>		<b>Successor Responsible Individual</b>		<b>Investment Information</b> My initial investment will be made by (select one): <input type="checkbox"/> Contribution (For the tax year 20____)* <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover  <small>*If no year is indicated, your contribution will be credited for the current year.</small>
	AREA CODE _____	DAYTIME PHONE _____	AREA CODE _____	DAYTIME PHONE _____	
	AREA CODE _____	EVENING PHONE _____	AREA CODE _____	EVENING PHONE _____	
	E-MAIL ADDRESS _____		E-MAIL ADDRESS _____		

Answer "Yes" or "No" to each of the following questions by checking the appropriate box. If a box is not checked for a question, the answer will be deemed to be "No."

Yes     No    The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.

Yes     No    The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

## AUTOMATIC INVESTMENT PLAN

Please check your annual contribution limit before determining monthly automatic contribution.

Check below to have CURRENT YEAR CONTRIBUTIONS drawn directly from your checking account and invested in your FAM Funds Coverdell ESA.

Please withdraw (\$50 minimum) from my bank checking account to purchase shares as indicated below:

Transfer Options	15th of Month	Last Business Day
<input type="checkbox"/> FAM Value Fund	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
<input type="checkbox"/> FAM Equity-Income Fund	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Please attach a VOIDED check from your checking account to ensure proper processing.

Any co-signer of the checking account must authorize this service by signing below. Your bank must be a member of the Automated clearing House (ACH).

\_\_\_\_\_  
CO-SIGNER AUTHORIZATION

\_\_\_\_\_  
DATE

## SIGNATURE AND CUSTODIAN ACCEPTANCE

I hereby adopt the FAM Fund's IRA Custodial Account Agreement and appoint U.S. Bank, N.A., to serve as the Custodian and accept its agent to perform administrative services.

I understand the eligibility requirements for the type of ESA deposit I am making and state that I do qualify to make the deposit. I have received a copy of the Application, 5305-A Plan Agreement, Financial Disclosure, and Disclosure Statement. I understand that the terms and conditions which apply to this Coverdell Education Savings Account are contained in this Application and the 5305-A Plan Agreement. I agree to be bound by those terms and conditions. I have also received and read the prospectus or summary prospectus for the fund in which I am investing. I certify under penalty of perjury that the Social Security Number that is provided above is my correct number. Within seven (7) days from the date I open this ESA I may revoke it without penalty by mailing or delivering a written notice to FAM Funds.

I assume complete responsibility for:

1. Determining that I am eligible for an ESA each year I make a contribution;
2. Insuring that all contributions I make are within the limits set forth by the tax laws;
3. Certifying that I am qualified to assume the responsibilities of the Responsible Individual as set forth in this Agreement, if I am designated on this Application as the Responsible Individual; and
4. Managing and administering the account and authorizing transactions involving contributions and distributions, if I am designated on the Application as the Responsible Individual.

(This account is effective on the date U.S. Bank or its agent, accepts this application by issuing a confirmation to the IRA holder.)

### Authorized Signature(s)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodian's Agent

\_\_\_\_\_  
Date

**FAM Funds** • 384 North Grand St • PO Box 399 • Cobleskill, NY 12043-0399 • (800) 932-3271 • [www.famfunds.com](http://www.famfunds.com)

*Please make checks payable to FAM Funds*

#### USA Patriot Act Notice

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions, including mutual funds, to obtain, verify, and record information that identifies each person who opens an account. For all new accounts, this means that the following information must be obtained: Name, Date of Birth, Physical Residential Address (post office boxes are permitted for mailing purposes only), and Taxpayer Identification Number, such as a Social Security Number. We may also ask to see your driver's license or passport in order to verify your identity. Until such verification is made, FAM Funds may be required to not open your account, close your account or take other steps we deem reasonable if we are unable to verify your identity and ensure that the information you supply is correct.