



*Use this COVERDELL ESA Application to open a COVERDELL EDUCATION SAVINGS ACCOUNT.*

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 877-764-3863.

**PART I: DEPOSITOR INFORMATION (Generally the person opening the ESA) (\*DENOTES REQUIRED INFORMATION)**

_____ Depositor's Name* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Mailing Address (if different from above)		_____ City	_____ State	_____ Zip Code
_____ Daytime Phone*		_____ Evening Phone		

**PART II: DESIGNATED BENEFICIARY INFORMATION (Generally the student)**

_____ Minor's Name* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Daytime Phone*		_____ Evening Phone		

**PART III: RESPONSIBLE INDIVIDUAL INFORMATION (Generally the Parent or Guardian)**

_____ Parent/Guardian's Name* (First, M.I., Last)		_____ Date of Birth*	_____ Social Security Number*	
_____ Street Address (Physical Address)*		_____ City*	_____ State*	_____ Zip Code*
_____ Mailing Address (if different from above)		_____ City	_____ State	_____ Zip Code
_____ Daytime Phone*		_____ Evening Phone		

Relationship to the Designated Beneficiary:  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

**\*NOTE:** The contributor must name only one responsible individual and the responsible individual must be the designated beneficiary's parent or legal guardian. In certain situations, the designated beneficiary could be the responsible individual (see Article V of the Custodian Agreement).

**PART IV: AUTHORITY OF RESPONSIBLE INDIVIDUAL**

**Option 1:**

Yes  No The Responsible Individual named above 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.

**Option 2:**

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.

*(If no boxes are checked in Option 1 or 2 above, the answer will be assumed to be "No.")*

**PART V: SUCCESSOR RESPONSIBLE INDIVIDUAL**

If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a minor under state law, the following individual will become the successor Responsible Individual. If no successor is designated, the Designated Beneficiary's parent or guardian will become the successor Responsible Individual.

\_\_\_\_\_  
 Successor's Name\* (First, M.I., Last)      Date of Birth\*      Social Security Number\*

\_\_\_\_\_  
 Street Address (Physical Address)\*      Apartment #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
 Mailing Address (if different from above)      City      State      Zip Code

\_\_\_\_\_  
 Daytime Phone\*      Evening Phone

Relationship to the Designated Beneficiary:  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

**PART VI: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

Regular Contribution      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_

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Direct Transfer      Basis: \_\_\_\_\_      Earnings: \_\_\_\_\_

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Rollover      Basis: \_\_\_\_\_      Earnings: \_\_\_\_\_

**Important: Contributions made to your ESA will be for the current tax year unless you specify prior year.**

**PART VII: INVESTMENT SELECTION**

Investment Choice	Amount or Percentage
SMI 50/40/10 Fund (SMILX)	\$ _____ or _____ %
SMI Dynamic Allocation Fund (SMIDX)	\$ _____ or _____ %
Sound Mind Investing Fund (SMIFX)	\$ _____ or _____ %
Money Market Fund (GOAXX)	\$ _____ or _____ %
	TOTAL: \$ _____ or _____ %

**PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR ESA**

The completion of this section is *OPTIONAL*.

**Automatic Investment Plan (AIP)** – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100/month minimum (SMIDX, SMIFX, SMILX) or a \$50/month minimum (SMIRX, SMIUX). Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your ESA using AIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize the Sound Mind Investing Funds to initiate investments into my mutual fund account according to the following frequency:

Twice Each Month  Monthly

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

**Bank Account Information**

<p>Please tape your check or deposit slip here</p> <p>IF YOU DO NOT PROVIDE THIS NOW, THE PROCESS OF ADDING YOUR BANKING INFORMATION LATER WILL BE TEDIOUS DUE TO ACCOUNT SECURITY</p>	<p>Please tape a voided check or a preprinted savings deposit slip over this space OR specify your account details below:</p> <p><b>Name of Bank</b>  <input type="text"/></p> <p><b>Name on Account</b>  <input type="text"/></p> <p><b>Account Number</b>  <input type="text"/></p> <p><b>Routing Number (9 digits)</b>  <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="checkbox"/> <b>Checking</b>      <input type="checkbox"/> <b>Savings</b></p>
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**PART IX: SPOUSAL CONSENT**

This section is only completed if the Designated Beneficiary is married and has legal residence in a community or marital property state and someone other than or in addition to the Designated Beneficiary’s spouse is named as Death Beneficiary. This section may have important tax consequences to the Designated Beneficiary and the Designated Beneficiary’s spouse, so please consult with a competent advisor prior to completing. If the Designated Beneficiary is not currently married, but marries in the future, a new beneficiary designation that includes the spousal consent provisions must be completed.

**CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the ESA Designated Beneficiary and agree with and consent to the designation of a primary Death Beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse of Designated Beneficiary:

X \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART X: DEATH BENEFICIARY DESIGNATION**

The following Death Beneficiaries will be entitled to receive any benefits upon the Designated Beneficiary's death. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. Upon the Designated Beneficiary's death, the Coverdell ESA assets will be divided in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive the Designated Beneficiary. If no Primary beneficiaries survive the Designated Beneficiary, the Coverdell ESA will be divided in equal shares (unless indicated otherwise) to the Contingent beneficiaries who survive the Designated Beneficiary. This beneficiary designation may be changed or revoked by completing another beneficiary designation and providing it to the ESA Trustee/Custodian.

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Designated Beneficiary:  Family Member  Non-Family Member

Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Designated Beneficiary:  Family Member  Non-Family Member

Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Designated Beneficiary:  Family Member  Non-Family Member

Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Designated Beneficiary:  Family Member  Non-Family Member

Residence Address: \_\_\_\_\_

Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

**PART XI: ELECTRONIC COMMUNICATION**

*The completion of this section is OPTIONAL.*

You can enjoy the convenience of receiving annual reports, transaction confirmations, and account statements online rather than having them mailed to you. You'll get your information faster while receiving fewer bulky mailings to fill your mailbox. Plus you'll help the environment and reduce the funds' expenses. To opt-in, simply check the box below and provide your email address.

When documents are available, you will receive an email message informing you of their availability online. For investment confirmations and account statements, the email will provide a link to our secure site where you will be prompted to sign in. You may then view your confirmation or account statement by clicking on 'Statements' at the top of the page. To review new prospectuses, annual and semi-annual reports, you will be sent an email with an attached document in PDF format for download.

The Sound Mind Investing Funds may change this notification without prior notice at any time. You may at any time request a paper copy of the Funds' prospectus, annual and semi-annual reports, or statements by calling us Monday through Friday, 9:00AM to 5:00PM Eastern Time, at 877-764-3863, or writing us at SMI Funds, PO Box 46707, Cincinnati, OH 45246.

**Authorization to discontinue mailing of paper statements** - By checking this box, I authorize the Sound Mind Investing Funds to send my shareholder communications electronically to the email address I am providing, rather than mailing me paper copies of these communications. I understand that I may discontinue electronic services and start receiving paper statements at my discretion.

Email Address: \_\_\_\_\_

**PART XII: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART XIII: PAYMENT METHOD**

You can open your account by either of these methods. Please check your choice:

**By Check**                      Enclose a check payable to the Sound Mind Investing Funds for the total amount.

**By Wire**                        For wire instructions call Shareholder Services at 1-877-764-3863.

**Other**                                \_\_\_\_\_

*(Third party checks, counter checks, starter checks, money orders, traveler’s checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.*

**PART XIV: ACKNOWLEDGEMENT**

*(Note: This Application will not be processed unless signed below by the Depositor and Responsible Individual.)*

By signing this *Coverdell ESA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *Coverdell ESA Application, IRS Form 5305-EA, Disclosure Statement* and applicable fee schedules. I agree to be bound to their terms and conditions. I understand that I am responsible for the Coverdell ESA transactions, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as “carryback” contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Coverdell ESA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Depositor Signature:

X \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Individual’s Signature (Complete if Depositor is NOT the Responsible Individual):

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Coverdell ESA Custodian Representative:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART XVI: MAILING INSTRUCTIONS**

Please send completed application to:

**Regular Mail Delivery**  
SMI Funds  
PO Box 46707  
Cincinnati, OH 45246

**Overnight Delivery**  
SMI Funds  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246

<b>FACTS</b>	<b>WHAT DOES VALUED ADVISERS TRUST DO WITH YOUR PERSONAL INFORMATION?</b>
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<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>▪ Social Security number</li> <li>▪ account balances and account transactions</li> <li>▪ account transactions, transaction or loss history and purchase history</li> <li>▪ checking account information and wire transfer instructions</li> </ul> <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
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<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Valued Advisers Trust chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Valued Advisers Trust share?
<b>For our everyday business purposes –</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	<b>Yes</b>
<b>For our marketing purposes –</b> to offer our products and services to you	<b>Yes</b>
<b>For joint marketing with other financial companies</b>	<b>No</b>
<b>For our affiliates' everyday business purposes –</b> information about your transactions and experiences	<b>No</b>
<b>For our affiliates' everyday business purposes –</b> information about your creditworthiness	<b>No</b>
<b>For nonaffiliates to market to you</b>	<b>No</b>

<b>Questions?</b>	Call 1-877-764-3863
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<b>Who we are</b>	
<b>Who is providing this notice?</b>	Valued Advisers Trust
<b>What we do</b>	
<b>How does Valued Advisers Trust protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does Valued Advisers Trust collect my personal information?</b>	We collect your personal information, for example, when you <ul style="list-style-type: none"> <li>▪ open an account or deposit money</li> <li>▪ buy securities from us or sell securities to us</li> <li>▪ make deposits or withdrawals from your account or provide account information</li> <li>▪ give us your account information</li> <li>▪ make a wire transfer</li> <li>▪ tell us who receives the money</li> <li>▪ tell us where to send the money</li> <li>▪ show your government-issued ID</li> <li>▪ show your driver's license</li> </ul>
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only <ul style="list-style-type: none"> <li>▪ sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>▪ affiliates from using your information to market to you</li> <li>▪ sharing for nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing.
<b>Definitions</b>	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies.
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>▪ <b>Valued Advisers Trust does not share your personal information with nonaffiliates so they can market to you.</b></li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>▪ <b>Valued Advisers Trust doesn't jointly market financial products or services to you.</b></li> </ul>