



Use this **Coverdell ESA Distribution Request Form** to request a distribution from a Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-877-764-3863.

PART I: DESIGNATED BENEFICIARY INFORMATION (Generally the Student) (*DENOTES REQUIRED INFORMATION)

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

PART II: RESPONSIBLE INDIVIDUAL INFORMATION (Usually the Parent or Guardian)

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

PART III: REASON FOR DISTRIBUTION

Indicate Reason for Distribution:

Qualified Education Expenses of the Designated Beneficiary

Disability of the Designated Beneficiary as defined under Internal Revenue Code Sec. 72(m)(7)

Death -Death Beneficiary's Name: _____ Taxpayer ID Number: _____

-Residence Address: _____

-Primary Phone: _____

Return of Excess Contribution Plus Earnings

In what year was the contribution made? Current Year Prior Year

Excess Contribution Amount: \$ _____ Earnings Attributable to Excess: \$ _____

PART IV: DISTRIBUTION INSTRUCTIONS

- I wish to withdraw my entire account balance.
- I wish to make a one-time, partial withdrawal of \$ _____ .
 - I wish to withdraw the requested amount on a pro rata basis across all investments.
 - I wish to withdraw the requested amount from my investments as indicated in the chart below.
(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)
- I wish to set up Automatic withdrawals* in the amount of \$ _____ on a Monthly Quarterly Semi-Annual Annual basis.
 - I wish to withdraw the requested amount on a pro rata basis across all investments.
 - I wish to withdraw the requested amount from my investments as indicated in the chart below.
(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

*Note: Automatic withdrawals, once initiated, will continue indefinitely until canceled.

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 V: PAYMENT INSTRUCTIONS

** Denotes that a **New Technology Medallion Signature Guarantee Stamp** is required.

- By Mail**
 - Mail check(s) to the address of record
 - Make check(s) payable to someone other than the account owner (Indicate payee below)**
 Make check payable to: _____
 - Mail check to an address other than the one on the account (Provide address below)**

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

- Send to My Bank**
 Send distributions to my bank by Automated Clearing House (ACH) based on the:
 - ACH instructions already established for my IRA **OR** Bank Account Information below **
 Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:
 - Bank instructions already established for my IRA **OR** Bank Account Information below **

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

** Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your Coverdell ESA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.

PART V: PAYMENT INSTRUCTIONS-CONTINUED

Please tape
your check or
deposit slip here

Please tape a voided check or a preprinted savings deposit slip over this space
OR specify your account details below:

IF YOU DO NOT
PROVIDE THIS NOW,
THE PROCESS OF
ADDING YOUR
BANKING
INFORMATION
LATER WILL BE
TEDIOUS DUE TO
ACCOUNT SECURITY

Name of Bank

Name on Account

Account Number

Routing Number (9 digits)

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Checking **Savings**

PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *Coverdell ESA Distribution Request Form*, I certify that I am the Responsible Individual, the information provided is true, correct and complete, and the Trustee/Custodian may rely on what I have provided. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibilities for any consequences that may arise as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error.

Responsible Individual's Signature: X _____ Date: _____

***Note:** Please sign your name exactly how it appears in the registration.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



MAILING INSTRUCTIONS

Please send completed form to:

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

Overnight Delivery
SMI Funds
c/o Ultimus Fund Solutions
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246