



Use this Coverdell ESA Transfer Request Form to move ESA assets from one Coverdell ESA to another. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-877-764-3863.

PART I: INVESTOR INFORMATION (RECEIVING IRA) (*DENOTES REQUIRED INFORMATION)

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

**PART II: CURRENT COVERDELL ESA TRUSTEE, CUSTODIAN OR ISSUER
(PLEASE ATTACH A RECENT STATEMENT)**

| | | | |
|---|----------------------------------|--------|-----------|
| Name of Current ESA Trustee/Custodian/Issuer* | Current ESA Account/Plan Number* | | |
| P. O. Box* Suite # | City* | State* | Zip Code* |
| Name of Contact* | Contact's Phone Number* | | |

*Note: If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: TRANSFER INSTRUCTIONS

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number _____

| 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 IV: LIQUIDATION INSTRUCTIONS

I authorize and direct the current ESA Trustee, Custodian or Issuer to liquidate assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new ESA Trustee/Custodian identified below.

- Transfer-in-kind SMI Fund holdings

- Partially liquidate \$ _____ of the current ESA and send the proceeds to the new ESA Trustee/Custodian identified below. (Note to ESA Responsible Individual: Attach additional written liquidation instructions, if necessary.)

- Other (describe): _____

Please send proceeds by check:

Make check payable as follows: Sound Mind Investing Funds: FBO _____
(Investor's Name)

Please mail check to:

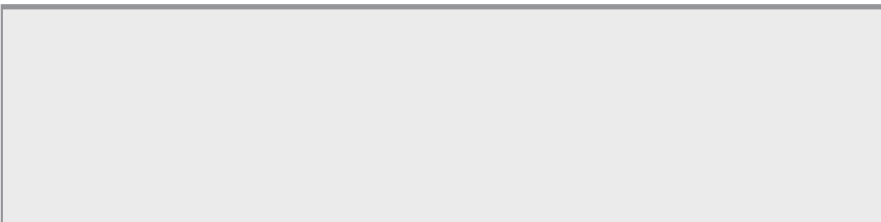
| | |
|---|--|
| <p><u>Regular Mail Delivery</u> SMI Funds PO Box 46707 Cincinnati, OH 45246</p> | <p><u>Overnight Delivery</u> SMI Funds c/o Ultimus Fund Solutions 225 Pictoria Dr, Suite 450 Cincinnati, OH 45246</p> |
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PART V: ACKNOWLEDGEMENT

By signing this *Coverdell ESA Transfer 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 transfer and I assume all responsibilities for any consequences 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 directions. The Trustee/Custodian agrees to accept this transfer as instructed above.

Signature of Responsible Individual: X _____ Date: _____

Contact your current custodian to determine if a signature guarantee* is required.



New Technology Medallion Signature Guarantee Stamp*
(For transfer from another custodian)

* A signature guarantee may be obtained from any eligible guarantor institution, including banks, savings associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near your signature being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.

PART VI: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)

By signing below, the Trustee/Custodian of the receiving ESA agrees to accept this transfer as instructed above.

Signature of Receiving ESA Trustee/Custodian Representative: X _____ Date: _____

Please send completed form to:

| | |
|---|--|
| <p><u>Regular Mail Delivery</u> SMI Funds PO Box 46707 Cincinnati, OH 45246</p> | <p><u>Overnight Delivery</u> SMI Funds c/o Ultimus Fund Solutions 225 Pictoria Dr, Suite 450 Cincinnati, OH 45246</p> |
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