Clear Form

Education Savings Account Enrollment and Change of Death Beneficiary

☐ Enrollment

☐ Change of Death Beneficiary for ESA Number _____

Responsible individual (RI) only needs to complete the Death Beneficiary section, sign, and date as RI.

Client Information

I hereby establish an Education Savings Account ("ESA") under the terms of the document which is adopted as part of this agreement.

For more information about your ESA Custodian and the terms and conditions of your ESA account, please carefully review the WFCS ESA Disclosure Statement and Custodial Agreement.

Responsible Individual *(Generally, must be parent or guardian)*

Name			Date of Birth	Social Security Number
Street Address (Cannot be a P.O. Box)				
City	State	ZIP		Phone
Email				

Designated Beneficiary

Name			Date of Birth	Social Security Number
Street Address (Cannot be a P.O. Box)			☐ Select if address is different from Responsible Individual address.	
City	State	ZIP		Phone
Email				

Depositor *(Individual establishing this account)*

Name *(if different from Responsible Individual named above)*	Social Security Number	$ Amount of Initial Contribution

Death Beneficiary *(Individual who inherits the ESA in the event of the death of the Designated Beneficiary)*

In the event that the Designated Beneficiary dies while assets remain in the ESA, the Responsible Individual may either distribute the balance to the Death Beneficiary named on this ESA or, if the Death Beneficiary is a “qualified family member” and under age 30 (or is a Special Needs Beneficiary), transfer the assets to the Death Beneficiary's ESA.

Name Death Beneficiary 1		Social Security Number	Date of Birth	% of Benefits
Street Address (Cannot be a P.O. Box)	City	State	ZIP	Phone
Email				

Name Death Beneficiary 2		Social Security Number	Date of Birth	% of Benefits
Street Address (Cannot be a P.O. Box)	City	State	ZIP	Phone
Email				

Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

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Name Death Beneficiary 3		Social Security Number	Date of Birth	% of Benefits
Street Address (Cannot be a P.O. Box)	City	State	ZIP	Phone
Email				

Name Death Beneficiary 4		Social Security Number	Date of Birth	% of Benefits
Street Address (Cannot be a P.O. Box)	City	State	ZIP	Phone
Email				

Cash Sweep Options In accordance with the terms of the account, I select the following sweep option for the automatic investment of interest and dividend income as well as any other cash balances in my account. The bank deposit account will automatically be selected if you do not make a choice. If you select Money Market Fund, a prospectus will be mailed separately.

☐ Bank Deposit Account
(Not available on Managed Accounts)

☐ Money Market Mutual Fund
(Appropriate Money Market Sweep Selection form should be attached)

Individual's Acceptance

By opening an ESA, you are agreeing to the following:

- Acknowledge that we have received, read, understand, adopt, and agree to be bound by the terms of:
  - This Agreement;
  - The Coverdell Education Savings Account Disclosure Statement and Custodial Agreement;
  - The Basic Brokerage Account Agreement and Disclosure Document.
- Certify that the Social Security Number of the Depositor, Responsible Individual, and the Designated Beneficiary are correct as shown on this form.
- Understand there are fees for this ESA and agree to pay such fees.
  - Administrative fees and charges assessed by WFCS on the ESA may diminish the overall account return and could negatively impact any tax deferral benefits.
  - Such fees and charges may particularly affect those accounts with smaller savings balances.
  - It is important that you review all applicable fees and charges relative to your account prior to establishing an ESA.

IMPORTANT: THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 3 UNDER THE HEADER "ARBITRATION," AND BY REFERENCE, ON PAGE 1, PARAGRAPH 5 OF THE BASIC BROKERAGE ACCOUNT AGREEMENT AND DISCLOSURE DOCUMENT.

Signature of Responsible Individual	Date Signed	Signature of Depositor	Date Signed
X		**X**	

(Home Office Use Only) **Approval of Account** - The Foregoing Application is Hereby Approved By:

Authorized Signature	Date Signed
X	

Office Use Only: Sub Firm # _____ BR Code _____ FA Code _____ Account Number _____

ARBITRATION

Arbitration Disclosures

This Agreement contains a pre-dispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- **All of the parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which the claim is filed.**
- **Arbitration awards are generally final and binding; a party's ability to reverse or modify an arbitration award is very limited.**
- **The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.**
- **The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.**
- **The panel of arbitrators typically will include a minority of arbitrators who were or are affiliated with the securities industry.**
- **The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.**
- **The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.**

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

(i) the class certification is denied; or
(ii) the class is decertified; or
(iii) the client is excluded from the class by the court.

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

Arbitration Provision

It is agreed that all controversies or disputes which may arise between you and Introducing Firm, Clearing Firm and any Sub-Advisor (and/or any other agent), (collectively, "us") concerning any transaction or the construction, performance or breach of this Agreement or any other agreement between us, whether entered into prior to, on, or subsequent to the date of this Agreement, including any controversy concerning whether an issue is arbitrable, shall be determined by arbitration conducted before, and only before, an arbitration panel set up by the Financial Industry Regulatory Authority ("FINRA") in accordance with its arbitration procedures. Any of us may initiate arbitration by filing a written claim with FINRA. Any arbitration under this Agreement will be conducted pursuant to the Federal Arbitration Act and the Laws of the State of New York. The state or federal statute of limitations, statute of repose, non-claim statute or any other time bar that would be applicable to any claim filed in a court of competent jurisdiction shall be applicable to any claim filed in arbitration.

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