



**Coverdell Education  
Savings Account  
(CESA) Application**

**Overnight Delivery:**  
Wasatch Funds  
235 W. Galena Street  
Milwaukee, WI 53212

**Regular Mail:**  
Wasatch Funds  
P.O. Box 2172  
Milwaukee, WI 53201-2172

In compliance with the USA Patriot Act, all mutual funds are required to obtain and verify the following information for all registered owners and all authorized individuals: *full name, date of birth, social security number and permanent street address (no P.O. boxes)*. If any of this information is missing we will be unable to establish an account and your application and check will be returned.

**1. DEPOSITOR INFORMATION (REQUIRED)**

**The person opening the ESA.**

|                                   |                      |                |           |
|-----------------------------------|----------------------|----------------|-----------|
| Name                              | Taxpayer ID Number   |                | Birthdate |
| Residence Address (no P.O. boxes) | City                 | State          | Zip       |
| Mailing Address (no P.O. boxes)   | City                 | State          | Zip       |
| Daytime Phone Number              | Evening Phone Number | E-mail Address |           |

**2. DESIGNATED BENEFICIARY INFORMATION (REQUIRED)**

**The student.**

|                                   |                        |       |           |
|-----------------------------------|------------------------|-------|-----------|
| Name                              | Social Security Number |       | Birthdate |
| Permanent Address (no P.O. boxes) | City                   | State | Zip       |

**3. RESPONSIBLE INDIVIDUAL (REQUIRED)**

**Generally a parent or guardian.**

|                                   |                        |                |           |
|-----------------------------------|------------------------|----------------|-----------|
| Name                              | Social Security Number |                | Birthdate |
| Permanent Address (no P.O. boxes) | City                   | State          | Zip       |
| Daytime Phone Number              | Evening Phone Number   | E-mail Address |           |

**Option 1:** *(If no box is checked below, the answer will default 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.

**Option 2:** *(If no box is checked below, the answer will default to be "No.")*

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.

**4. SUCCESSOR RESPONSIBLE INDIVIDUAL**

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

|                                   |                      |                |           |
|-----------------------------------|----------------------|----------------|-----------|
| Name                              | Taxpayer ID Number   |                | Birthdate |
| Residence Address (no P.O. boxes) | City                 | State          | Zip       |
| Mailing Address (no P.O. boxes)   | City                 | State          | Zip       |
| Daytime Phone Number              | Evening Phone Number | E-mail Address |           |

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

**5. MAILING ADDRESS (if different from permanent address above)**

Send duplicate confirmations to:

Address \_\_\_\_\_

Name \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**6. INVESTMENT INSTRUCTIONS (REQUIRED)**

For Fund names, numbers and status, please see the "About Wasatch" insert in the Fulfillment Kit, log onto [www.wasatchfunds.com](http://www.wasatchfunds.com) or call Shareholder Services at 800.551.1700.

**The minimum initial investment is \$2,000 per fund**

| Fund Name    | Fund Symbol | Amount   | or | If amount is unknown, state percentage (%) |
|--------------|-------------|----------|----|--|
| _____        | _____       | \$ _____ |    | _____ %                                    |
| _____        | _____       | \$ _____ |    | _____ %                                    |
| _____        | _____       | \$ _____ |    | _____ %                                    |
| _____        | _____       | \$ _____ |    | _____ %                                    |
| <b>TOTAL</b> |             | \$ _____ | or | 100%                                       |

If you need more space, provide the same information on a separate sheet that is signed and dated. If a specific fund is not selected, your contribution will be invested in the Wasatch-Federated Money Market Account until we receive further notice. Cash, credit cards, third party checks, credit card checks, money orders, travelers checks and checks drawn on banks outside the U.S. will not be accepted.

Do you have other Wasatch Fund Accounts?  Yes  No

**7. FUNDING THE ACCOUNT (REQUIRED)**

**The maximum investment is \$2,000 per year.**

A.  **By Purchase:** Contribution for tax year \_\_\_\_\_. Please select method of purchase.

Check payable to Wasatch Funds \$ \_\_\_\_\_

ACH (Bank Purchase) \$ \_\_\_\_\_

Please provide bank information in section 6. Your initial investment will be withdrawn directly from your checking or savings account named in section 6 on the date your application is received in good order or the first business day thereafter.

Bank wire: Call 800.551.1700 for instructions. Date of wire \_\_\_\_\_ Amount \$ \_\_\_\_\_

B.  **By Transfer** – You will not have physical receipt of assets. Assets will be transferred directly from the previous custodian. You must also complete a Transfer Form.

C.  **By Rollover** – You would like to fund your Coverdell Education Savings Account with assets that have been withdrawn within the last 60 days.

**8. BANK INFORMATION**

Please complete this section if you would like to be able to move money between your bank and your Wasatch Coverdell Education Savings Account. For checking accounts, please include a voided check with this form (other than your investment check). For savings accounts, provide your bank's ABA number and savings account number below. To add bank information after your account has been established, an Account Privileges Change Form (with a Medallion signature guarantee) is required.

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

**Account Type:**  Checking Account  Savings Account

I authorize the bank listed above for:  Electronic Funds Transfer (takes 2 – 3 business days)

Wire (\$15.00 Fee – takes 1 business day)

## 9. AUTOMATIC INVESTMENT PLAN

**Your signed application must be received at least 14 days prior to initial transaction. Please complete section 8.**

The minimum initial investment for an Automatic Investment Plan is \$1,000. Minimum additions to any fund are \$100 quarterly; \$50 monthly. Automatic investments can be made on the 5th and/or 20th of each month.

Monthly  Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov. / Mar., June, Sept., Dec.)

Begin investment on mm/yy

|  |      |    |        |
|--|------|----|--------|
| <input type="checkbox"/> 5th <input type="checkbox"/> 20th |      | \$ |        |
|  | Fund |    | Amount |
| <input type="checkbox"/> 5th <input type="checkbox"/> 20th |      | \$ |        |
|  | Fund |    | Amount |
| <input type="checkbox"/> 5th <input type="checkbox"/> 20th |      | \$ |        |
|  | Fund |    | Amount |

Your automatic investment will be withdrawn directly from your checking or savings account named in section 6 on the date you have selected or the first business day thereafter. If no date is selected, purchases will be made on the 20th of each month.

## 10. TELEPHONE REDEMPTIONS

Permits the redemption of a minimum of \$500 and a maximum of \$50,000. A minimum of \$500 must remain in your account to keep it open. The proceeds will be mailed to your address of record or deposited electronically in your bank account.

No, I do **not** want telephone redemption privileges.

Telephone redemption privileges will be automatically added to your account unless you check the "No" box. If you decline this option, adding this privilege at a later time will require a Medallion signature guarantee.

Accounts will automatically have the telephone exchange privilege unless it is specifically declined. Contact a shareholder services representative for more information.

**Wasatch Funds employs reasonable procedures to confirm that instructions communicated by telephone are genuine and may not be held liable for losses due to unauthorized or fraudulent instructions. Please see the prospectus for more information about telephone redemption privileges.**

## 11. HOUSEHOLD RELATIONSHIP

The household service combines all account statements within your household into a single envelope.

I currently have a Household Relationship\* with Wasatch Funds and I wish to add this account.

Please provide an account number that is currently part of your Household Relationship: \_\_\_\_\_

I do not wish to household this new account.

I do not have another account with Wasatch Funds.

\*If you do not currently participate in the householding service and would like to consolidate your account statements, please complete the Household Relationship Form. Accounts receiving statements electronically are not eligible for householding.

## 12. 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. The beneficiary designation may be changed or revoked at any time by completing a new Coverdell ESA Change of Designation Form and providing it to the ESA Custodian.

Type:  Primary  Contingent

Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  Spouse  Non-Spouse

|                                   |                    |               |
|-----------------------------------|--------------------|---------------|
| Name                              | Taxpayer ID Number | Date of Birth |
| Permanent Address (no P.O. boxes) | City               | State Zip     |

**Go paperless! You can receive shareholder reports (prospectus updates, annual and semi-annual reports) and statements (transaction confirmations and account statements) electronically. To enroll for this service, please visit our web site.**

## 12. DEATH BENEFICIARY DESIGNATION (continued)

Type:  Primary  Contingent

Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  Spouse  Non-Spouse

Name Taxpayer ID Number Date of Birth

Permanent Address (no P.O. boxes) City State Zip

Type:  Primary  Contingent

Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  Spouse  Non-Spouse

Name Taxpayer ID Number Date of Birth

Permanent Address (no P.O. boxes) City State Zip

Type:  Primary  Contingent

Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  Spouse  Non-Spouse

Name Taxpayer ID Number Date of Birth

Permanent Address (no P.O. boxes) City State Zip

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a Trust as your beneficiary, attach to this form either a copy of the Trust Agreement, or a certification, in writing, acceptable to the ESA Custodian.

### Spousal Consent

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

### Consent of Spouse

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary 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 (if applicable)

Date

## 13. ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED)

By signing this Coverdell ESA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. 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.

I further acknowledge that the Wasatch Funds are distributed by ALPS Distributors, Inc. The Wasatch-Federated Money Market Account is distributed by Federated Securities Corp. and offered by a separate prospectus. The Wasatch-Federated Money Market Account and Federated Securities Corp. are not affiliated persons of the Wasatch Funds or their investment adviser, Wasatch Advisors, Inc. Through an agreement with Federated Securities Corp. and/or its affiliates, Wasatch Advisors, Inc. is providing administrative and recordkeeping services for the Wasatch-Federated Money Market Account.

I certify that the Taxpayer Identification Numbers and all other information provided on this application to be correct.

Depositor Signature Date

Signature of Responsible Individual Date