

COVERDELL ESA APPLICATION

Rational Funds

Use this COVERDELL ESA Application to open a COVERDELL ESA.

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 1-800-253-0412.

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)*

Apt #

City*

State*

Zip Code*

Mailing Address (if different than above)

Apt #

City

State

Zip Code

Daytime Phone*

Evening Phone

U.S. Citizen Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence

Province

Foreign Routing/Postal Code

Are you an employee of the Rational Funds or any of its subsidiaries?

Yes No

Are you an immediate relative of a Rational Funds employee?

Yes No

If yes, name of employee: _____

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)*

Apt #

City*

State*

Zip Code*

Daytime Phone*

Evening Phone

U.S. Citizen Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence

Province

Foreign Routing/Postal Code

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)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different than above) _____ Apt # _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

U.S. Citizen Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence _____ Province _____ Foreign Routing/Postal Code _____

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

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)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different than above) _____ Apt # _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

U.S. Citizen Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence _____ Province _____ Foreign Routing/Postal Code _____

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

PART VI: CONTRIBUTION INFORMATION

Source of Funds (Select One):

Regular Contribution Amount: _____ Tax Year: _____

Direct Transfer Basis: _____ Earnings: _____

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

*Note: The initial investment minimum is \$1,000. Refer to the prospectus for additional purchase requirements.

FUND CHOICE:

Name of Investment	Class A Shares	Institutional Shares	Class C Shares
Rational Dividend Capture Fund	\$ _____	\$ _____	\$ _____
Rational Risk Managed Emerging Markets Fund	\$ _____	\$ _____	\$ N/A
Rational Real Strategies Fund	\$ _____	\$ _____	\$ N/A
Rational Defensive Growth Fund	\$ _____	\$ _____	\$ _____
Rational Strategic Allocation Fund	\$ _____	\$ N/A	\$ N/A
TOTAL:	\$ _____	\$ _____	\$ _____

PART VIII: REDUCED SALES CHARGE

Rights of Accumulation- I qualify for the Right of Accumulation privilege based on existing accounts owned by my immediate family (my own, spouse and dependent children under 21). Listed below are the fund and account numbers of the accounts that should be combined with this new account.

Letter of Intent- To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and statement of additional information. Although I am not obligated, it is my intention to invest the following amount within the next 13-months:

- \$50,000
 \$100,000
 \$250,000
 \$500,000
 \$750,000
 \$1,000,000

Listed below are the fund and account numbers for existing accounts to be applied toward the Letter of Intent:

*Note: If the amount indicated in the Letter of Intent is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the Prospectus for terms and conditions.

Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed the Net Asset Value Form.

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 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 IRA Custodian.

PART XI: 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 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 Rational Funds for the total amount.

By Wire For wire instructions call Shareholder Services at 1-800-253-0412.

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 (Unified Financial Securities, Inc.) 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 XV: HOUSEHOLDING

To reduce the number of duplicate fund documents investors receives in the mail, to lessen paper waste and environmental impact, the Funds or their transfer agent uses “Householding”. If two or more members of a household with the same last name own separate accounts in the Rational Fund family, the Funds or their transfer agent can consolidate mailings to that address by sending one:

- Consolidated Account Statement
- Consolidated Trade Confirmation
- Prospectus
- Annual or Semi-Annual Report

Each account receives a separate proxy card. You may add or remove householding at anytime by calling the funds or their transfer agent at the number listed on the first page of this application. Your account will be updated within 30 days of your call.

Yes, please household.

If yes, please provide account numbers of accounts to be househoulded: _____

No, please do not household.

PART XVI: FOR INVESTMENT PROFESSIONAL USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State

Zip Code

Dealer Number

Branch Number

Representative Number

X

Representative's Signature

X

Supervisor's Signature

PART XVII: MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Rational Funds

P.O. Box 6110

Indianapolis, IN 46206-6110

Overnight Delivery

Rational Funds

2960 N. Meridian Street Suite 300

Indianapolis, IN 46208