

COVERDELL ESA CHANGE OF DESIGNATION FORM

Rational Funds

Use this **Coverdell ESA Change of Designation Form** to designate or change designations for the Designated Beneficiary, Death Beneficiary or Responsible Individual associated with an existing Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.

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

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

PART II—OPTION #1: CHANGE DESIGNATED BENEFICIARY

Select this option to replace the Designated Beneficiary on the ESA Account/Plan identified above.

New Designated Beneficiary Information:

Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____
Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____
Daytime Phone* _____ Evening Phone _____
U.S. Citizenship Status: Citizen Resident Alien

PART II—OPTION #2: CHANGE RESPONSIBLE INDIVIDUAL

(Note: The completion of this section will require the Current Responsible Individual to obtain a New Technology Medallion Signature Guarantee Stamp.)

Select this option to designate a new Responsible Individual on the ESA Account/Plan identified above.

Current Responsible Individual

Name* (First, M.I., Last) Date of Birth* Social Security Number*

New Responsible Individual

Name* (First, M.I., Last) Date of Birth* Social Security Number*

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

Daytime Phone* Evening Phone

U.S. Citizenship Status: Citizen Resident Alien

Relationship to the Designated Beneficiary: Mother Father Guardian Other_____

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.

Name* (First, M.I., Last) Date of Birth* Social Security Number*

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

Daytime Phone* Evening Phone

U.S. Citizenship Status: Citizen Resident Alien

Relationship to the Designated Beneficiary: Mother Father Guardian Other_____

PART II—OPTION #3: CHANGE DEATH BENEFICIARY

Select this option to designate new Death Beneficiary(ies) on the ESA Account/Plan identified above.

NOTE: THIS DEATH BENEFICIARY DESIGNATION SUPERSEDES ALL PRIOR DEATH BENEFICIARY DESIGNATIONS FOR THE COVERDELL ESA IDENTIFIED ABOVE.

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 a new *Coverdell ESA Change of Designation Form* and providing it to the ESA Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Residence Address: _____

Addendum attached for additional death 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 a death beneficiary, attach to this form either a copy of the Trust Agreement, or a certification, in writing, acceptable to the ESA Custodian/Trustee.

PART III: 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 above. 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 IV: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

(Note: This Coverdell ESA Change of Designation Form will not be processed unless signed below by the Current and New Responsible Individual.)

By signing this *Coverdell ESA Change of Designations Form*, I certify that I am the Responsible Individual and 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 the changes indicated above, and I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Current Responsible Individual’s Signature:

X _____ Date: _____

Acceptance by New Responsible Individual (if applicable):

X _____ Date: _____

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.



PART V: 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