COVERDELL ESA DISTRIBUTION REQUEST FORM

Rational Funds

Use this **Coverdell ESA Distribution Request Form** *to request a distribution from a Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.*

PART I: DESIGNATED BENEFICIARY INFORMATIO	N (Generally	the Student) (*DENO	TES REQUIRE	O INFORMATION)
Minor's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Minor's Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Daytime Phone*	ESA A	account/Plan Number*		
PART II: RESPONSIBLE INDIVIDUAL INFORMATIO	ON (Usually th	e Parent or Guardi	an)	
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*
Daytime Phone*	Evenir	ng Phone		
PART III: REASON FOR DISTRIBUTION				
Indicate Reason for Distribution:				
Qualified Education Expenses of the Designated Beneficia	ary			
☐ Disability of the Designated Beneficiary as defined under l	Internal Revenue	Code Sec. 72(m)(7)		
☐ Death Death Beneficiary's Name:		Taxpa	yer ID Number:	
Residence Address:				
Primary Phone:				
☐ Return of Excess Contribution Plus Earnings				
In what year was the contribution made?: Current Y	ear Prior Y	ear		
Excess Contribution Amount: \$	Earnings Attr	ributable to Excess: \$		

PART IV: DISTRIBUTION INSTRUC	CTIONS			
☐ I wish to withdraw my entire account b	alance.			
☐ I wish to make a one-time, partial with	lrawal of \$			
☐ I wish to withdraw the reques	ted amount on a pro rata basis	across all investments.		
☐ I wish to withdraw the reques	ted amount from my investme	ents as indicated in the chart below.		
(Indicate from which investme	ents the withdrawal should be t	taken. Percentages must be in whole	numbers, e.g.,	, 33%, not 331/3%.)
☐ I wish to set up Automatic withdrawals	* in the amount of \$	on a Monthly Quarterly	Semi-An	nual Annual basis.
☐ I wish to withdraw the reques	ted amount on a pro rata basis	across all investments.		
☐ I wish to withdraw the reques	ted amount from my investme	ents as indicated in the chart below.		
(Indicate from which investme	ents the withdrawal should be t	taken. Percentages must be in whole	numbers, e.g.,	, 33%, not 331/3%.)
*Note: Systematic withdrawals,	once initiated, will continue in	ndefinitely until canceled.		
FUND CHOICE:				
Name of Investment	Class A Shares	Institutional Shares	C	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:	TOTAL: \$ \$ \$			
PART V: PAYMENT INSTRUCTION	S			
** Denotes that a New Technology Medallion Signature Guarantee Stamp is required.				
☐ By Mail				
Mail check(s) to the address				
☐ Make check(s) payable to someone other than the account owner (Indicate payee below)**				
Make check payable to: Mail check to an address other than the one on the account (Provide address below)**				
ivial check to all address other than the one on the account (1 fovide address below)				
Street Address (Physical Address)*	Apt	# City*	State*	Zip Code*
☐ Send to My Bank				
Send distributions to my bank by Automated Clearing House (ACH) based on the:				
☐ ACH instructions already established for my IRA OR ☐ Bank Account Information below **				
Wire transfer my One Time Distribution (not available for Automatic Distributions) to my bank based on the:				
☐ Bank instructions already established for my IRA OR ☐ Bank Account Information below **				

PART V: PAYMEN	NT METHOD			
I authorize the Custod after the verification p		y mutual fund IRA and deposit to my bank	account. I understand	I this privilege will be effective
☐ Attach a voided c	heck for your bank account.			
Account Type:	Checking Savings			
	John and Jane Doe 123 Any Street Anytown, USA 12345	Date	1003	
	PAY TO THE ORDER OF	Tape your voided check or preprinted deposit slip here. Please do not use staples.	\$ DOLLARS	
	BANK NAME BANK ADDRESS			
	MEMO			
Enter your checking Bank Name	or savings account informati		Phone Number	
Bank Address		ABA R	outing Number	
City		State	Zip	
Name(s) on Bank Accou	nt	 Bank A	ccount Number	

^{**} Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your Coverdell ESA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.

PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *Coverdell ESA Distribution 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 distribution and I assume all responsibilities for any consequences that may arise 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 instructions, including payments made in error.

Responsible	Individual	's Signature:
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X	Date:
4 	Date

*Note: Please sign your name exactly how it appears in the registration.

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.

NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

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