

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 INFORMATION (Generally the Student) (*DENOTES REQUIRED 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 Account/Plan Number*

PART II: RESPONSIBLE INDIVIDUAL INFORMATION (Usually the Parent or Guardian)

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*

Evening Phone

PART III: REASON FOR DISTRIBUTION

Indicate Reason for Distribution:

Qualified Education Expenses of the Designated Beneficiary

Disability of the Designated Beneficiary as defined under Internal Revenue Code Sec. 72(m)(7)

Death Death Beneficiary's Name: _____ Taxpayer ID Number: _____

Residence Address: _____

Primary Phone: _____

Return of Excess Contribution Plus Earnings

In what year was the contribution made?: Current Year Prior Year

Excess Contribution Amount: \$ _____ Earnings Attributable to Excess: \$ _____

PART V: PAYMENT METHOD

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

Attach a voided check 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 <u>not</u> use staples.	_____ \$ _____
_____		_____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

Enter your checking or savings account information:

Bank Name

Bank's Phone Number

Bank Address

ABA Routing Number

City

_____ _____
State Zip

Name(s) on Bank Account

Bank Account 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:

X _____ 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.



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