COVERDELL ESA TRANSFER REQUEST FORM

Rational Funds

Use this Coverdell ESA Transfer Request Form to move ESA assets from one Coverdell ESA to another. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.

Minor's Name* (First, M.I., Last)	Date of Birth*		Social Security Number *	
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*
Mailing Address (if different than above)	Apt #	City	State	Zip Code
Daytime Phone*	Evening P	hone		
PART II: CURRENT COVERDELL ESA TRUSTEE,	Custodian Or	Issuer	(PLEASE ATTACH A RECE	ENT STATEMEN
	Custodian Or Current ESA A			ENT STATEMEN
PART II: CURRENT COVERDELL ESA TRUSTEE, Name of Current ESA Trustee/Custodian/Issuer* P. O. Box*				Zip Code*

*Note: If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: TRANSFER INSTRUC	TIONS						
\square This is a new account; a completed N	ew Account Agreement is attached.						
☐ The proceeds of this transfer will purchase shares into my existing account as listed below.							
Account Number							
Transfer Allocation							
List the percentage that will be transferred	using whole percentages, the total	must add up to 100%.					
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 IV: LIQUIDATION INSTR	RUCTIONS						
I authorize and direct the current ESA Tru		e/transfer assets as follows (select o	ne).				
☐ Immediately liquidate all assets and s	end the cash proceeds to the new Es	SA Trustee/Custodian identified bele	ow.				
Partially liquidate \$(Note to ESA Responsible Individual	of the current ESA and send: Attach additional written liquidati	the proceeds to the new ESA Trust ton instructions, if necessary.)	ee/Custodian identified below.				
Other (describe):							
Please send proceeds by check:							
Make check payable as follows: Rational	Funds: FBO						
T.J.		Investor's Name)					
Please mail check to:	Regular Mail Delivery Rational Funds P.O. Box 6110 Indianapolis, IN 46206-6110	<u>Overnight De</u> Rational Func 2960 N. Meri Indianapolis,	ls dian Street Suite 300				

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PART V: ACKNOWLEDGEMENT

By signing this *Coverdell ESA Transfer 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 transfer and I assume all responsibilities for any consequences 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 directions. The Trustee/Custodian agrees to accept this transfer as instructed above.

Signature of Responsible Individual:

X	Date:

PART VI: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

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

PART VII: 1	LETTER OF	ACCEPTANCE	(TO BE COMPLETED	BY NEW CUSTODIAN)
1 WK1 A 11.			\ 1 \ \ \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1	, D 1 141244 CUSTODIAIA

By signing below, the Trustee/Custodian of the receiving ESA agrees to accept this transfer as instructed above.

Signature of Receiving ESA Trustee/Custodian Representative: X

Date: _____

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Rational Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

<u>Overnight Delivery</u> Rational Funds 2960 N. Meridian Street Suite 300 Indianapolis, IN 46208