COVERDELL ESA APPLICATION

IMS Family of Funds
Building Wealth Wisely®

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 1-800-934-5550.

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

Mailing Address (if different from above) _____ 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 II: DESIGNATED BENEFICIARY INFORMATION (Generally the student)

Minor's 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. Citizen ☐ Resident Alien (Country) _____

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

Mailing Address (if different from above) _____ 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)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ 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.**

The minimum initial investment amount for each Fund is $2,000.

PART VII: INVESTMENT SELECTION

Name of Investment	Share Class	Allocation
1. IMS Capital Value Fund	NA	$_____ or _____%
2. IMS Strategic Income Fund	NA	$_____ or _____%
3. IMS Dividend Growth Fund	NA	$_____ or _____%
		TOTAL: $_____ or _____%

PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR ESA

The completion of this section is OPTIONAL.

☐ **Systematic Investment Program (SIP)** – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a $100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. *Important*: **Contributions made to your ESA using SIP will be for the *current tax year*.** Keep this in mind for investments made from January 1 through April 15.

I authorize IMS Family of Funds to initiate investments into my mutual fund account according to the following frequency:

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Twice Each Month ☐ Monthly ☐ Other (Check months below)

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Fund _____ Amount $ _____ Day of Month (1st, 15th, etc.) _____

Bank Account Information

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

☐ Attach a voided check or deposit slip for your bank account. ***Please use tape; do not staple***.

☐ Provide information about your bank account below.

Enter your checking or savings account information:

Name: _____

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

PART IX: 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:_______% Taxpayer ID Number:______________________ Date of Birth:____________

Name: ____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: ____

Type: ☐ Primary ☐ Contingent Share Percentage:_______% Taxpayer ID Number:______________________ Date of Birth:____________

Name: ____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: ____

Type: ☐ Primary ☐ Contingent Share Percentage:_______% Taxpayer ID Number:______________________ Date of Birth:____________

Name: ____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: ____

Type: ☐ Primary ☐ Contingent Share Percentage:_______% Taxpayer ID Number:______________________ Date of Birth:____________

Name: ____ Relationship to Designated Beneficiary: ☐ Family Member ☐ Non-Family Member

Residence Address: ____

☐ Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART X: 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 XI: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send a duplicate statement to:

Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

PART XII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

☐ **By Check** Enclose a check payable to IMS Family of Funds for the total amount.

☐ **By Wire** For wire instructions call Shareholder Services at 1-800-934-5550.

☐ **Other** _____

(Third party checks, starter checks, counter checks, traveler's checks, checks drawn on non-U.S. financial institutions, money orders, 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 XIII: 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 XIV: FOR DEALER 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 XV: MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery
IMS Family of Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery
IMS Family of Funds
2960 N. Meridian Street, Suite 300
Indianapolis, IN 46208

