

COVERDELL EDUCATION SAVINGS ACCOUNT DISTRIBUTION FORM



seafarerfunds.com • 855-732-9220

IMPORTANT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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, address, date of birth, and information that will allow us to identify you.

Please enclose a copy of your driver's license or other government issued photo identification card. This will expedite the processing of your account.

Please select one:

- U.S. Person U.S. Entity** **U.S. Resident Alien**

In general, accounts are available only to U.S. citizens and resident aliens.

SECTION 1: Responsible Individual

Parent or Guardian of the Designated Beneficiary

Responsible Individual (Last, First, Middle Initial)

Responsible Individual's Security Number Date of Birth (MM/DD/YY)

Address - P.O. Box is not accepted City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip Code

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Phone E-mail Address

Relationship to Designated Beneficiary

SECTION 2: Student Successor Beneficiary

Beneficiary's Name (Last, First, Middle Initial)

Beneficiary's Social Security Number Date of Birth (MM/DD/YY)

Address - P.O. Box is not accepted City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip Code

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Phone E-mail Address

SECTION 3 : Reason for Distribution

Indicate the reason for the withdrawal.

Distribution for a Qualified Education Expense

- This distribution is being used for the qualified education expenses of the Student Designated Beneficiary.

Distribution Not Used for Education Expenses

- Permanent Disability of the Student Designated Beneficiary within the meaning of section 72(m)(7) of the Internal Revenue Code.
- Death: You are the Beneficiary or representative of the Student Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate.
- Removal of excess contribution plus earnings before deadline. In which tax year was the contribution made? _____
- Removal of excess contribution after deadline. In which tax year was the contribution made? _____
- This Coverdell ESA is being rolled over or transferred to another Coverdell ESA for the following family member:

- Age 30 attained by Student Designated Beneficiary.

SECTION 4: Distribution Amount

If withdrawing from multiple funds, one form per Fund is required.

Fund Name

Share Class

Account Number

I am withdrawing the total value of the Fund. I am making a partial withdrawal from this Fund. \$ _____ Amount

SECTION 5: Payee

Responsible Individual Student Designated Beneficiary

Name

Social Security Number

3rd Party*

Name

Social Security Number

* A **Medallion Signature Guarantee** is required to send assets to an address or bank other than the one listed on record. Please see Section 9.

SECTION 6: Payment Instructions

Mail a check to my address of record. Mail a check to an alternate address.*

*Address

City, State, Zip Code

Purchase into an existing non-retirement Seafarer Funds account #: _____ Account Number

Fund Name	Ticker	Investment Amount
Seafarer Overseas Growth and Income Fund - Institutional Class	SIGIX	\$ _____
Seafarer Overseas Growth and Income Fund - Investor Class	SFGIX	\$ _____
Seafarer Overseas Value Fund - Institutional Class	SIVLX	\$ _____
Seafarer Overseas Value Fund - Investor Class	SFVLX	\$ _____
Total		\$ _____

Purchase into a new non-retirement Seafarer Funds account (include a completed new account application)

Send by ACH Transfer or Wire Transfer to my existing bank instructions on file.

Send by ACH Transfer or Wire Transfer to my new bank instructions listed in Section 7.*

* A **Medallion Signature Guarantee** is required to send assets to an address or bank other than the one listed on record. Please see Section 9.

SECTION 7: Bank Account Information

Add or modify the bank account information for this account below.

Account type: Checking Savings

Name on Bank Account

Bank Name

ABA Routing Number (First 9 digits at the bottom of check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

Please attach a voided check or savings deposit slip from the specified bank account.

■ Adding/changing bank information requires a **Medallion Signature Guarantee**. Please see Section 9.

I authorize Seafarer Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Seafarer Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Seafarer Funds. The termination request will be effective as soon as Seafarer Funds has had reasonable time to act upon it.

SECTION 8: Signatures

I authorize Seafarer Funds to make the changes indicated to my account.

I authorize Seafarer Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Seafarer Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Responsible Individual's Signature

Date (MM/DD/YY)

SECTION 9: Medallion Signature Guarantee

A **medallion signature guarantee** is required to add or change bank account information or alternative payee information.

To protect yourself against fraud, your signature(s) must be guaranteed ("**Medallion Signature Guarantee**") by any "eligible" guarantor. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantors:

- Commercial Banks
- Credit Unions
- Member Firms of a domestic stock exchange
- National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
- Savings Associations
- Trust Companies

Medallion Signature Guarantee Stamp (*ID Required*)

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

Please mail completed form to:

Seafarer Funds
PO. Box 219623
Kansas City, MO 64121

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-732-9220 or visit seafarerfunds.com