

COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER OF ASSETS FORM

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

Responsible Individual's Name (*Last, First, Middle Initial*)

Responsible Individual'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 2: Designated 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: Current Custodian

To avoid delays please confirm your current Custodian's address and if they require a medallion signature guarantee. If a medallion signature guarantee is required, please complete Section 9. Attach a copy of the current account statement.

Name of Current Custodian or Agent

Mailing Address - (*P. O. Box or Street*)

City, State, Zip Code

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Phone

SECTION 4: Investment Instructions

Type of Request

I am opening a new account(s) and have attached the required application(s) and document(s).

I already have a Seafarer Funds Coverdell ESA Account. Please invest proceeds into my account.

Existing Coverdell ESA Account Number

SECTION 5: Transfer Instructions

The following investment(s) will be transferred to BOKF, NA as Custodian for the Seafarer Funds Coverdell ESA.

For Certificates of Deposit, redeem: Immediately At Maturity Date

Investment #1

Fund Name/Type of Investment _____ Account Number _____
 Liquidate Transfer in Kind Entire Account Partial Account \$ _____ or _____ %

Investment #2

Fund Name/Type of Investment _____ Account Number _____
 Liquidate Transfer in Kind Entire Account Partial Account \$ _____ or _____ %

SECTION 6: Instructions to the Responsible Individual

Please Read Carefully

This form will be used by Seafarer Funds to initiate a transfer of assets to your Coverdell ESA at Seafarer Funds. Please remember that a TRANSFER OF ASSETS can only occur between the **SAME** types of retirement plans (for example Coverdell to Coverdell). For certificates of deposit, please indicate if you wish to have the funds transferred immediately, which may incur a redemption penalty if they have not matured, or at maturity. We cannot accept requests to transfer assets from certificates more than 60 days prior to their maturity. When completed, please return the signed form, a copy of your current account statement, and the appropriate new account application for your Coverdell ESA (if required) to:

Seafarer Funds
P.O. Box 219623
Kansas City, MO 64121

SECTION 7: Instructions to Resigning Custodian/Transfer Agent

Please transfer the Participant's account(s) as specified in Section 5 of this application. Issue a check payable as indicated below and mail along with any other instructions to:

Seafarer Funds
P.O. Box 219623
Kansas City, MO 64121

SECTION 8: Signatures

I authorize the transfer of assets as noted above to my Seafarer Funds Coverdell ESA and BOKF, NA to process this request on my behalf. I understand, as the Responsible Individual, it is my responsibility to assure the prompt transfer of assets by the current Custodian. I have read and understand all information in the instructions and hereby provide the applicable direct rollover certification.

Signature of Responsible Individual _____ Date (MM/DD/YY) _____

SECTION 9: Medallion Signature Guarantee

Please complete this section if a medallion signature guarantee is required by your current Custodian.

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

SECTION 9: Medallion Signature Guarantee (continued)

| | | |
|--|---------------------|--------------------------|
| Medallion Signature Guarantee Stamp (<i>ID Required</i>) | Bank or Dealer Firm | |
| Officer's Title | Officer's Signature | Date (<i>MM/DD/YY</i>) |

[STAMP]

SECTION 10: BOKF, NA

BOKF, NA, accepts its appointment as Custodian of the referenced Coverdell ESA and has established a Coverdell ESA as indicated on the front of this form under the Internal Revenue Code Section 530 for Coverdell ESAs under the shareholder's name in the Seafarer Funds. The Seafarer Funds and BOKF, NA, as Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the named Participant's account.

Accepted by BOKF, NA, as Custodian for the Seafarer Funds Coverdell ESAs.

| | |
|------------------------------------|--------------------------|
| BOKF, NA Authorized Representative | Date (<i>MM/DD/YY</i>) |
|------------------------------------|--------------------------|

Please mail completed form to:

Seafarer Funds
P.O. 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